DOCUMENT RESUME

ED 229 633 CE 036 008

TITLE	Caregivers of Infants and Toddlers: Instructor's Guide.
INSTITUTION	Texas Tech Univ., Lubbock. Home Economics Instructional Materials Center.
SPONS AGENCY	Texas Education Agency, Austin. Dept. of Occupational Education and Technology.
PUB DATE	Mar 82
NOTE	174p.; For related documents, see CE 036 009-011.
AVAILABLE FROM	Home Economics Curriculum Center, Texas Tech University, P.O. Box 4067, Lubbock, TX 79409 ($13.00).
PUB TYPE	Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Behavioral Objectives; Child Caregivers; *Child Care Occupations; Child Development; *Day Care; Day Care Centers; Dietetics; Diseases; *Emotional Development; Environment; *Experiential Learning; Facility Guidelines; Glossaries; Guidance; Hygiene; Intellectual Development; Interaction; Learning Activities; Nutrition; *Occupational Home Economics; *Physical Development; Physical Health; Postsecondary Education; Social Development; Student Experience; Teaching Guides; Tests; Transparencies

ABSTRACT

This guide for postsecondary child development instructors is intended for use in courses on caring for infants and toddlers in a child care setting. The materials are most effective when coordinated with a carefully selected textbook. Access to a quality care center for laboratory work is essential. An introduction describes the instructor's guide and a separate student laboratory manual, offers suggestions for use of the materials, and summarizes guidelines on coordinating student laboratory work. Guidelines for evaluating students follow. The main body of the guide is organized into six units: (1) Guidance and Interactions, (2) Physical Development, (3) Intellectual Development, (4) Social and Emotional Development, (5) Environments, and (6) Nutrition and Health. Each unit contains a list of performance objectives, a list of references, suggested classroom learning experiences to provide teaching strategies to help students achieve the objectives, a unit test with multiple choice and essay questions, and transparency and handout masters. Other contents include a glossary, glossary test, test answer keys, and a bibliography of all references noted in the units. Materials recommended for student use have notations on reading levels and evidence of sex bias. (YLB)

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Caregivers of Infants and Toddlers: Instructor's Guide

Developed By:

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Acknowledgments

These materials were developed through funding from the Department of Occupational Education and Technology, Texas Education Agency, Austin, Texas under Subpart 3, Program Improvement, of Public Law 94-482, and in cooperation with the College of Home Economics, Texas Tech University, Lubbock, Texas. The Research Coordinating Unit, Texas Education Agency, coordinates all program improvement activities.

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Table of Contents

Acknowledgments iii

Introduction 1

Guidelines for Evaluating Students 5

Unit I: Guidance and Interactions
  Performance Objectives 7
  References 8
  Suggested Classroom Experiences 10
  Unit Test 17
  Transparency and Handout Masters 21

Unit II: Physical Development
  Performance Objectives 31
  References 32
  Suggested Classroom Experiences 34
  Unit Test 39
  Transparency and Handout Masters 43

Unit III: Intellectual Development
  Performance Objectives 55
  References 56
  Suggested Classroom Experiences 59
  Unit Test 65
  Transparency and Handout Masters 69

Unit IV: Social and Emotional Development
  Performance Objectives 79
  References 80
  Suggested Classroom Experiences 83
  Unit Test 89
  Transparency and Handout Masters 93

Unit V: Environments
  Performance Objectives 103
  References 104
  Suggested Classroom Experiences 106
  Unit Test 112
  Transparency and Handout Masters 117

Unit VI: Nutrition and Health
  Performance Objectives 127
  References 128
  Suggested Classroom Experiences 130
  Unit Test 138
  Transparency and Handout Masters 143

Glossary of Terms

Terms and Definitions 155
Test 159

Test Answer Keys 163

Bibliography

Books 165
Audiovisuals 171

Publishers List 174

Audiovisuals List 175

7

Introduction

Caregivers of Infants and Toddlers is designed for use by post-secondary child development instructors. The *Instructor's Guide* and *Student Laboratory Manual* are valuable tools for instructors of courses on caring for infants and toddlers in a child care setting. The materials are most effective in courses which have both a lecture and laboratory (lab).

A carefully, selected textbook and access to a quality child care center are essential for effective utilization of the materials. The materials coordinate effectively with most textbooks on infants and toddlers. (See the Bibliography for possible textbooks.) To receive maximum benefit from the lab experiences in the *Student Laboratory Manual,* students must be able to both observe children and participate in their care. Centers selected for student use should meet or exceed state licensing standards.

Descriptions of the organization of the *Instructor's Guide* and *Student Laboratory Manual*, suggestions on how to use the materials, and guidelines on coordinating student lab work are summarized below.

ORGANIZATION OF THE INSTRUCTOR'S GUIDE

The *Instructor's Guide* is organized into six units. At the beginning of each unit Performance Objectives and References are listed. Suggested Classroom Learning Experiences provide instructors with teaching strategies to help students achieve the objectives. The Unit Test includes 22 multiple-choice questions and three essay questions. Transparency and Handout Masters may be reproduced as needed for classroom use. The *Instructor's Guide* also contains a Glossary, Glossary Test, Answer Key, and Bibliography. The annotated Bibliography at the back of the guide includes all references noted in the units. Materials which are recommended for student use have notations on reading level and evidence of sex bias.

ORGANIZATION OF THE STUDENT LABORATORY MANUAL

The *Student Laboratory Manual* is designed as a laboratory experience guide and workbook, written at a ninth-grade reading level. The format permits students to answer questions and make notes directly in the manual. Instructors should become thoroughly acquainted with the content of the student manual in order to work effectively with students in planning their lab experiences.

The student manual is organized into six units which correspond with the units in the *Instructor's Guide*. Each unit begins with Performance Objectives. The objectives, often written in a simpler form, correspond with the unit objectives in the *Instructor's Guide*. The Overview introduces basic concepts related to the unit topic. Suggested readings for in-depth study are given at the end of the Overview.

Lab Experiences in each unit include both observation and participation assignments. The learning objectives for each experience will help students achieve one or more of the Performance Objectives. Participation Evaluation forms are included for the instructor's use in evaluating a student's performance. Other components of the *Student Laboratory Manual* include Guidelines for Successful Lab Experiences, a Glossary, and Bibliography.

USING THE MATERIALS

The *Instructor's Guide* can assist instructors in providing learning experiences for students in the classroom. Post-secondary students are characterized by a wide range of ages, educational backgrounds, work experiences, academic abilities, and reading levels. Instructors should keep these characteristics in mind when selecting teaching strategies from the *Instructor's Guide*. Teaching strategies include group discussions, posters, charts, games, lectures, role playing, felt boards, and others. Reading materials provided for students should accommodate various reading abilities.

An important point to remember about the *Instructor's Guide* and the *Student Laboratory Manual* is that they are not self-contained. To prepare classes, instructors will need to refer to the references listed at the beginning of each unit. Students must study additional references in-depth in order to achieve the objectives. The instructor should assign appropriate readings for each unit topic. Assignments might be made from the references suggested at the end of the Overview or from other references selected by the instructor.

The instructor should prepare the overall course outline before the class meets at the beginning of the semester or quarter. The units may be covered in any order; however, it is recommended that "Unit I: Guidance and Interactions" be covered first. The instructor can vary the number of classes devoted to each unit depending on the instructor's preferences and the amount of time available.

GUIDELINES ON COORDINATING STUDENT LAB ASSIGNMENTS

Coordination of students' lab experiences is a challenging task for the instructor. Although post-secondary programs vary in their arrangements for student laboratory experiences, the following general guidelines should be helpful.

Several lab experiences are suggested in each unit of the *Student Laboratory Manual*. The instructor and student can decide which activities are most appropriate for that student. Some students may be able to complete all of the lab experiences. Other students may be able to complete only a limited number. Both the number of lab hours required for the course and students' abilities influence the number of experiences assigned.

Observation experiences can be scheduled at almost any time if the child care center has an observation booth. If there is no observation booth, no more than two students should be permitted to observe in each room at one time.

Participation experiences are more difficult to schedule than observation experiences. The instructor should remind students that regular daily routines of the children should not be disrupted. Students must plan their participation activities according to the general pattern of activities at the child care center. Avoid scheduling several students to do the same lab activity with one group of children. With infants and toddlers, one or two students may work with individual children or with different groups of children in the same room.

Most lab experiences presented in the *Student Laboratory Manual* require 30 to 60 minutes, depending on whether the student is participating or observing. Time for making preparations, becoming accustomed to the children, and interacting with the children should be considered.

The instructor and student must work closely with the children's caregiver in planning and carrying out each lab experience. The caregivers should be involved in the scheduling of all student visits.

Some students will already be working as caregivers in a child care center. It may be appropriate and convenient for these students to carry out lab experiences in their own centers. The center's director should assist in planning the student's schedule to minimize disruptions of the center's activities.

Charts, wall calendars, or special notebooks might be used to keep a master schedule of all lab work. This would ensure that the instructor is aware of when and where students are observing or participating in lab experiences.

Coordinating the lab experiences with class meetings may not be possible in some situations. However, when classroom learning experiences and lab assignments are coordinated, students will benefit from combining theory and practical application.

Guidelines for Evaluating Students

Student caregivers can be evaluated in terms of knowledge, psychomotor skills, and affective behaviors. When based on course objectives, evaluation provides useful information for both students and instructors. Evaluation provides students with feedback about their performance and usually a grade. Evaluation provides the instructor with information about the effectiveness of teaching strategies used in the course.

The Performance Objectives in each unit of *Caregivers of Infants and Toddlers* identify specific behaviors the student should exhibit at the end of the instructional unit. These objectives can be used as a specific basis for developing evaluation instruments.

Performance objectives normally consist of three parts: (1) the specific behavior to be achieved, (2) the conditions under which the behavior is to be performed, and (3) the criteria for measuring achievement of the objective. The performance objectives used in these materials are statements of the specific behaviors to be achieved by the student. This allows instructors the freedom to decide which conditions and evaluation criteria are appropriate for their teaching situation. For example, one objective states that the student will, "Demonstrate age-appropriate use of positive guidance techniques." Instructors should inform the students of the conditions and evaluation criteria. The objective in a complete form might be, "Demonstrate the use of three age-appropriate positive guidance techniques when caring for a group of toddlers."

The materials include several components which will assist the instructors in evaluating students' knowledge, skills, and attitudes. However, instructors are encouraged to develop evaluation methods which best meet the needs of students enrolled in the course.

EVALUATION OF KNOWLEDGE

The Unit Test at the end of each unit in the *Instructor's Guide* can be duplicated for [illegible] students. Answers to each unit's 22 multiple-choice questions are at the back of the *Instructor's Guide.* The three essay questions for each unit can be evaluated according to the instructor's criteria. The instructor may want to specify the criteria to the students before the test is administered. A Glossary Test has also been provided following the Glossary in the *Instructor's Guide*. Glossary Test answers are provided in the Answer Key.

EVALUATION OF SKILLS

Student performance in the child care setting can be evaluated with the Participation Evaluation forms included in the *Student Laboratory Manual*. Two forms are provided in each unit. The instructor can decide how many times to observe each student. Before the student is observed, the instructor and student should have a planning conference. During the conference the student and instructor may go over the Participation Evaluation form. The instructor may fill in the specific behaviors to be observed during the participation experience. After the instructor observes the student, a follow-up evaluation conference provides an opportunity for the instructor to provide feedback to the student. The evaluation conference is more effective when held as soon as possible following the participation experience observed.

AFFECTIVE EVALUATION

Affective evaluation involves examining students' attitudes or feelings. Attitudes are reflective of the student's system of values or beliefs. As students strive to achieve the performance objectives, they are also forming attitudes about caregiving. In the classroom and lab, students display their attitudes in different ways. For example, they show interest, enthusiasm, commitment, diligence, patience, and many other attitudes.

If attitudes are to be evaluated in the course, students should be provided with a list of affective performance objectives. For example, students might be asked to "Be aware of how parents feel the first time they enroll their infant in a child care program," or "Demonstrate commitment to the caregiving profession by joining a professional organization."

These materials do not include specific affective performance objectives. Instructors may decide which attitudes are appropriate to encourage in their students. However, several elements of the materials are useful for examining students' afftective performance: case studies, role playing, essay questions, conferences with the student, and rating scales.

Evaluation of the student's caregiving abilities should include evaluation of knowledge, pyschomotor skills, and attitudes. In whatever ways instructors choose to evaluate student performance, the specific requirements of the course and the evaluation criteria should be stated clearly to the students at the beginning of the course.

Performance Objectives

Guidance and Interactions
Unit I

Grouping

- Summarize state and federal guidelines regarding child-staff ratios for infants and toddlers in group care.
- Describe acceptable and optimal grouping patterns for infants and toddlers, including an explanation of the advantages and disadvantages of each.

Planning

- Plan flexible and well-balanced daily routines for infants and toddlers, including times for rest, outdoor play, meals and snacks, health care, and transitions between each.
- Plan for infants and toddlers age-appropriate experiences which promote growth and development in all areas.

Interactions

- Discuss the reciprocal nature of infant and toddler caregiver interactions and how this influences caregiving.
- Explain the infant's and toddler's need for a consistent caregiving environment.
- Explain how to prepare infants and toddlers for change.
- Demonstrate appropriate proportions of initiating and responding behaviors on the part of the caregiver while caring for infants and toddlers.
- Demonstrate respect for individual differences and needs when caring for infants and toddlers.
- Discuss the difference between quality caregiving and custodial caregiving.
- Describe the characteristics of a quality caregiver.
- Observe infants and toddlers closely for signs of development, illness, and emotional well-being.
- Use information obtained from observations of infants and toddlers to guide caregiving.

Guidance

- Demonstrate age-appropriate use of positive guidance techniques with infants and toddlers, including such techniques as positive reinforcement, redirection, distraction, and the use of positive language.
- Discuss ways to prevent and deal with common behavior problems, including biting, hitting, spitting, fighting over a toy, and having temper tantrums.

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Hildebrand, Verna. *Parenting and Teaching Young Children* (Chapters 15 and 26).

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TRANSITIONS

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O'Brien, Marion et al. *The Toddler Center* (Chapter 4).

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Howe, Michael. *Learning in Infants and Young Children* (Chapter 4).

Sherrod, Kathryn et al. *Infancy* (Chapter 8).

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POSITIVE GUIDANCE

Brazelton, T. Berry. *Toddlers and Parents: A Declaration of Independence.*

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AUDIOVISUALS

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Caldwell, Bettye M. *Nurturing.*

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Child Care: Infant Care.

A Demonstration Program on Infant Care and Education.

Fiering, Alvin. *Day Care Today.*

Infant and Day Home Care.

Infant Care.

Long Time to Grow, Part 1: Two- and Three-Year-Olds in Nursery School.

Steele, Connie, and Wagner, Betty. *Developmental Programs for Infants and Toddlers: A Caregiver Kit.*

Suggested Classroom Experiences

Grouping

OBJECTIVE

Summarize state and federal guidelines regarding child-staff ratios for infants and toddlers in group care.

GAME: Provide copies of the state licensing standards for your state, and current federal guidelines. [NOTE: Contact a local licensing office for copies.] Ask the students to read the sections on child-staff ratios and grouping patterns. Working in small groups, ask the students to compose a quiz, game, or puzzle which would use the information for the standards and guidelines. The groups can then exchange their quiz, game, or puzzle with the other groups.

OBJECTIVE

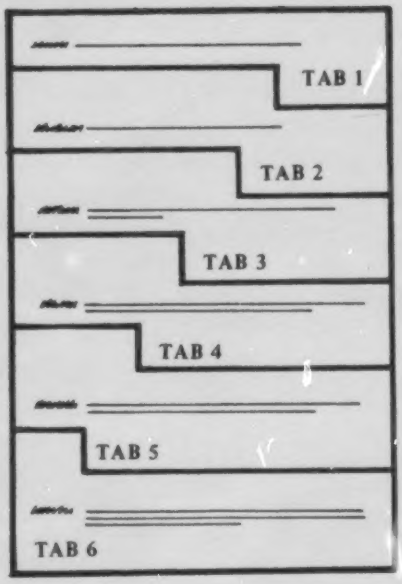
Describe acceptable and optimal grouping patterns for infants and toddlers, including an explanation of the advantages and disadvantages of each.

FIELD TRIP: Ask several students to visit different child care centers and observe grouping patterns for infants and toddlers. Students can report on the center where they work or use the observations made in Lab Experience 1. In class, list the different models on the chalkboard, and discuss the advantages and disadvantages of each.

TRANSPARENCY: View the transparency, p.22, which summarizes the two basic types of grouping patterns. Ask the students to discuss the advantages and disadvantages of each. Key Questions: What variations of these two types might be possible? What other patterns are possible?

LECTURE: Discuss with the class the wisdom of assigning an infant to one or two primary caregivers. Point out the infant's need for consistent caregiving, and the need to form attachments. Also stress that caregivers do not replace the parents, but assist them. Key Question: How would a number of different caregivers affect the infant?

TAB DEVICE: Present the following tab device to help students understand the importance of consistent caregivers for infants and toddlers. [Preparation: Using a file folder, prepare a tab device. On the left side of the inside of the folder glue the "Directions" and "Problems." On the right side, glue the tabs with the possible solutions. Underneath each tab, glue the evaluation of that choice. See the illustration on the following page.]



DIRECTIONS: Read the Problem. Read all the possible solutions. Select the solution which seems the best. There may be more than one good choice possible. If you don't choose an appropriate solution, you will be told why. Make another choice.

PROBLEM: The center director has recently employed Barbara as an infant caregiver. Barbara is a trained and experienced preschool teacher. So far, her work with the infants has been excellent. The director is now in a position to replace the lead teacher in the four-year-olds' room with a more competent person. Barbara seems like the perfect choice. What is the solution?

SOLUTION 1: Find another good infant caregiver; then move Barbara to the four-year-olds' room.

EVALUATION: Even if another good caregiver is found, moving Barbara will upset the infants' need for consistent caregiving. Choose another solution.

SOLUTION 2: Have Barbara and the four-year-olds' teacher trade places.

EVALUATION: Moving Barbara would be difficult for the infants as they need a consistent caregiver. Having a new caregiver and one which may not be as competent would be doubly risky. Choose another solution.

SOLUTION 3: Leave Barbara with the infants and continue to search for a better four-year-olds' teacher.

EVALUATION: Leaving Barbara as the infant caregiver is the most responsible choice. The director can risk a few more days in search of a better teacher for the four-year-olds. A different infant caregiver would affect the sense of trust the infants gain from a consistent caregiver.

SOLUTION 4: Move Barbara to the four-year-olds' room and use a substitute infant caregiver until a new one can be found.

EVALUATION: This would result in three different caregivers for the infants over a short period of time. The inconsistency would disturb the infants' developing sense of trust. Choose another solution.

SOLUTION 5: Ask Barbara what she would like to do.

EVALUATION: Barbara may or may not know the importance of infants having a consistent caregiver. She may choose to accept the position in the four-year-olds' room. Choose another solution.

SOLUTION 6: Leave Barbara where she is for several months and introduce a new infant caregiver. When the time is right, move Barbara to the four-year-olds' room.

EVALUATION: This is a good choice for the infants but may not be for the four-year-olds who are also in need of a competent caregiver. The infants in this situation would have a consistent caregiver for several months and the new one would be introduced gradually, thus protecting the infant's developing sense of trust.

[NOTE: This type of teaching device can be used for other problem situations in which there are several possible solutions.]

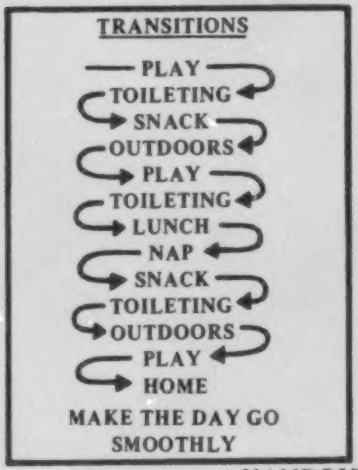
Planning

OBJECTIVE

Plan flexible and well-balanced daily routines for infants and toddlers, including times for rest, outdoor play, meals and snacks, health care, and transitions between each.

HANDOUT: Give the students a copy of the handout, p. 24, the "Infant or Toddler Experience Plan." [NOTE: The students will be using this form in their lab manuals but they may wish to keep this one as a master to make copies for future use.] Discuss with the students the purpose of making plans for individual children, or for small groups of toddlers. This form can be used to record the purpose of the experience, the way in which it will be introduced, the materials needed, the caregiver's role, the anticipated child's role, and the results. [NOTE: Students are given an explanation of this form in Lab Experience 4.]

FLOW CHART: Use the following flow chart to illustrate a discussion of transitions. [Preparation: Make a flow chart similar to the illustration at the left on a sheet of poster board. The chart should illustrate the phases or events which infants or toddlers move through during the day. The lines with arrows represent transitions.] Share the chart with the students. Define the term *transition*. Key Questions: When should transitions be used? What kinds of transitions would be appropriate for infants? For toddlers? Ask the students to bring examples of transitions to class. Give them time to exchange ideas and compile a list or file of useful transitions. [NOTE: See references at the beginning of the chapter.]



OBJECTIVE

Plan for infants and toddlers age-appropriate experiences which promote growth and development in all areas.

HANDOUT: Give the students a copy of the handout, p. 24, the "Infant or Toddler Experience Plan." [NOTE: The students will be using this form in their lab manuals but they may wish to keep this one as a master to make copies for future use.] Discuss with the students the purpose of making plans for individual children, or for small groups of toddlers. This form can be used to record the purpose of the experience, the way in which it will be introduced, the materials needed, the caregiver's role, the anticipated child's role, and the results. [NOTE: Students are given an explanation of this form in Lab Experience 4.]

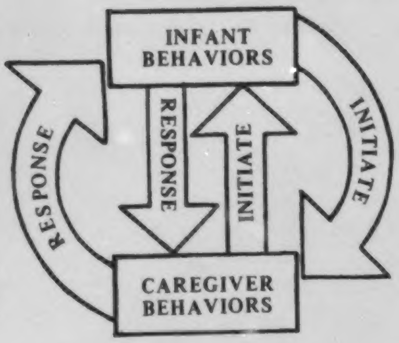
ACTIVITY FILE: Ask students to organize an activity file where they can collect ideas written on the "Infant or Toddlers Experience Plan" forms during the course. They may decide on sections organized according to the purpose of the activity, such as problem solving, creativity, small muscle development, etc. Ask the students to discuss other ways to organize their files. Assign students to prepare a file box of some type (shoe box, metal or plastic file box, etc.) and organize it into sections.

Interactions

OBJECTIVE

Discuss the reciprocal nature of infant and toddler caregiver interactions and how this influences caregiving.

FELT BOARD: Use a felt board visual aid to illustrate the reciprocal nature of caregiver-child interactions. [Preparation: Make a felt board display similar to the illustration at the left.] Introduce the discussion by writing on the chalkboard this list of infant behaviors: smiling, cooing, reaching for face, crying. Ask the students to name caregiver behaviors that would result in response to the infant behaviors. Write these next to each listed infant behavior. Point out to the students that the infant initiates behaviors and caregivers respond, and vice versa. Continue the sequence by asking students to suggest the infant's response to the caregiver's behavior. In this way infants' and caregivers' interactions are reciprocal. Illustrate this concept with the felt board visual.



OBJECTIVES

Explain the infant's and toddler's need for a consistent caregiving environment. Explain how to prepare infants and toddlers for change.

DISCUSSION: Key Questions: What makes a caregiving environment consistent? List the suggestions on the chalkboard. [NOTE: Some possible answers are: having the same caregiver, regular routines, the same physical environment, the same crib or cot for sleeping.] Key Questions: Is it possible or desirable to have a totally consistent environment? Why?

FOLDER EXCHANGE: Use folders with discussion questions to help students identify ways caregivers can assist infants and toddlers in adjusting to change. [Preparation: Using a felt tip marker write on the outside of several file folders a change that infants and toddlers are commonly exposed to. Some possible changes are: the child has a new caregiver, the child is moved to a new room, the child is brought to the center by a different parent, the child has to adjust to a new child in the group, the daily routine changes because of the weather, a group of visitors come into the room, or the child stops taking a morning nap. Inside the folders place several copies of a sheet with discussion questions such as, "How might a child respond to this change?" "What can caregivers do to minimize the negative effects of this change?" Leave space for the groups to record their answers.] Divide the class into groups so that each group has a different folder. Give each group a number. Ask each group to discuss and answer the questions on the enclosed sheet. Give the students about five to 10 minutes for their discussion. After each group has discussed and answered the questions, they are to fold their sheet in half so the answers do not show, and write down their group's number on the outside. Now the groups exchange folders and repeat the same steps. When they are finished answering the questions, they can unfold and compare the answers of the previous group's to theirs. Exchange continues until each group has their first folder back.

OBJECTIVE

Demonstrate appropriate proportions of initiating and responding behaviors on the part of the caregiver while caring for infants and toddlers.

DISCUSSION: Discuss with the class the terms *responding* and *initiating*. Arrive at a definition of each in terms of quality caregiving. [NOTE: One way to think of these is in terms of following the infant or leading the infant.]

TRANSPARENCY: View the transparency, p. 25, which illustrates the need for caregivers to use an appropriate proportion of responding and initiating behaviors. Key Questions: How does the caregiver know when to respond? When not to respond? How does the caregiver know when to initiate? When not to initiate? Point out that the infant should lead or initiate and the caregiver should respond in most of the interactions.

DISCUSSION: After students have completed Lab Experience 3, provide time for small group discussion. Ask students to share feelings and thoughts experienced by trying to be fully present and attentive to the children.

OBJECTIVE

Demonstrate respect for individual differences and needs when caring for infants and toddlers.

TRANSPARENCY: View the transparency, p. 26, which illustrates Maslow's hierarchy of human needs. Maslow believed that all human beings have common needs. The needs of the lowest level, physiological, must be satisfied first, then of the second level, safety, and so on. Individuals who desire to know and understand have reached a level where all the needs below have been satisfied. Key Questions: Where do infants and toddlers fit in terms of this hierarchy? How do individual needs vary within each level?

POSTERS: Divide the class into small groups. Give each group a sheet of poster board and some felt-tip markers. Ask each group to think of several events or circumstances during the day when caregivers must respond to the individual need of an infant or toddler. Students can write down the events, the caregiver's role, and the child's role on the poster board. Encourage students to share examples from their own work experience with infants or toddlers. [NOTE: Some events might involve the need for sleep, play, diapering, a hug, food, etc.] Groups can then share their posters with the class.

LECTURE: Point out to students that when responding to individual needs, caregivers must be alert to the possibility of giving more attention to the active or assertive child than to the quieter child. Key Question: How can a caregiver give needed attention to all the children? Suggest some strategies to help caregivers avoid playing favorites.

OBJECTIVE

Discuss the difference between quality caregiving and custodial caregiving. Describe the characteristics of a quality caregiver.

DISCUSSION: Conduct a class discussion about the differences between quality caregiving and custodial caregiving. List the differences on the chalkboard; or describe a room where infants receive quality care, and a room where infants receive custodial care.

ROLE PLAY: Use role play to focus the students' attention on the differences between custodial and quality caregiving. [Preparation: Prepare two sets of cards with the following phrases: feeding an infant some cereal, helping a toddler with a coat, responding to a toddler waking from a nap, preparing and serving a snack, playing with an infant and a ball, getting hands washed before a meal. On one set of cards write the word "Quality" and on the other set write the word "Custodial."] Have pairs of students draw one situation card and one type care card. Allow a few minutes for the pairs to plan their role play. When the pairs are ready, invite the two pairs assigned the same situation to perform their role plays at the same time. In other words, the quality pair and the custodial pair for each situation will perform simultaneously. After each set, discuss the differences between the two role plays, one quality care and the other custodial care. Continue until all pairs have presented their role plays.

Q-SORT: Use a Q-sort technique to help students identify and rank characteristics of quality caregivers. [Preparation: Decide how many small groups your class will be divided into. Make 10 poster board cards, 2½" X 8", for each group.] Divide the class into groups. Give each group a set of 10 cards and a bold felt-tip marker. Ask the students to brainstorm and identify 10 characteristics of a quality caregiver. Write each one on a card. Have each group arrange the characteristics in order of importance, the most important on top, the least important at the bottom. Clear a large floor space in the classroom and have each group's characteristics displayed in a column with the most important characteristic at the top. Invite the class to compare all the columns. Key Questions: What characteristics seem to be most common? Which characteristics have been rated as important most often? Groups might also be asked to explain why they arranged the characteristics in that order.

FILMS: View films on caring for infants and toddlers. [NOTE: See references at the beginning of the unit.]

OBJECTIVES

Observe infants and toddlers closely for signs of development, illness, and emotional well-being. Use information obtained from observations of infants and toddlers to guide caregiving.

HANDOUT: Give the students the handout, p. 27, which summarizes the different observation methods. Emphasize the objective nature of observations, and ask students to use these techniques when observing for lab experiences.

LECTURE: Talk with the class about the importance of observing infants and toddlers as a part of regular quality caregiving. Key Questions: When do caregivers observe? How do they observe? What do they look for? How do they record their information? How do they share this information with parents?

Guidance

OBJECTIVE

Demonstrate age-appropriate use of positive guidance techniques with infants and toddlers, including such techniques as positive reinforcement, redirection, distraction, and the use of positive language.

TRANSPARENCY: View the transparency, p. 28, which lists several positive guidance techniques. Discuss each of these techniques with the students. [NOTE: See references listed at the beginning of the unit.]

FELT BOARD: Use the felt board display on reciprocal interaction prepared earlier, p. 13. Illustrate a negative behavior pattern that can be reinforced and sustained by the caregiver who is unaware. Ask the students to give other examples. [NOTE: For example, the caregiver is reinforcing a toddler's temper tantrum by giving the toddler what she wants.]

TRANSPARENCY: View the transparency, p. 29, which illustrates the principle of positive reinforcement. Key Question: According to this concept, what would happen to a behavior that is never rewarded?

DISCUSSION: Discuss Lab Experiences 5 and 6. Discuss the observations of different students. Key Questions: How do the caregivers differ in their responses to strong emotions? How do children differ in their expressions of strong emotions?

POSTERS: Use a poster to introduce students to the use of positive language. [Preparation: Before class prepare one or two large poster boards with typical negative statements that caregivers sometimes make. For example: "Don't throw blocks!" "Stop shouting!" "You don't know how."] Ask each student to rewrite each statement in positive language. When the students are finished, share the positive statements with the class. Decide which response(s) were the best.

OBJECTIVE

Discuss ways to prevent and deal with common behavior problems, including biting, hitting, spitting, fighting over a toy, and having temper tantrums.

DISCUSSION: Divide into small groups. Assign each group a common behavior problem such as biting or hitting. Ask each group to decide: (1) the possible causes of such behaviors, and (2) what would be some effective caregiver responses. The groups may be assigned to work on this between classes to allow time for researching references or interviewing experienced quality caregivers. At the next class meeting, work as a class to develop a "Helpful Hints" list with causes and strategies for each behavior.

Guidance and Interactions Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ The purpose of the child-staff ratios in state minimum standards is to
   - A. keep staff costs low.
   - B. be sure there are enough caregivers for a group of children.
   - C. ensure quality care.
   - D. be sure the space in the child care center is adequately used.

2. ______ One advantage of the person-to-person grouping pattern is that the caregiver can
   - A. meet the needs of two children at the same time.
   - B. come to know all the children at the center.
   - C. come to know a few children well.
   - D. leave the room easily in the care of another adult.

3. ______ Infants need one or two consistent caregivers because
   - A. the cost is less for parents.
   - B. caregivers are replacing the parent's role.
   - C. infants need to form attachments.
   - D. it is more efficient for meeting the needs of the infant.

4. ______ When planning schedules or experiences, it is most important to
   - A. plan around the needs of the individual child.
   - B. stick to the schedule or experience as planned.
   - C. be sure everyone does the same thing.
   - D. let the parents know what is being planned.

5. ______ When offering a small group experience for toddlers, the caregiver would
   - A. encourage all toddlers to come.
   - B. simply begin the activity and let nearby children join in.
   - C. lead individual children by the hand to the place where the acitvity is to be.
   - D. let the toddlers know about the activity and invite them to join the caregiver.

6. ______ When planning experiences for infants or toddlers, the caregivers should consider their role as one of a
   - A. teacher.
   - B. facilitator.
   - C. manager.
   - D. director.

7. ______ Before planning an experience for infants or toddlers, the caregiver first needs to
A. know the developmental needs of each child.
B. have all the needed materials on hand.
C. find out what the last caregiver did.
D. request ideas for activities from the parent.

8. ______ The give-and-take between the behaviors of caregivers and infants or toddlers is called
A. learning theory.
B. imitation.
C. reciprocal interactions
D. reflective interactions.

9. ______ Infants and toddlers need a consistent caregiving environment because
A. challenges are too frustrating for most infants and toddlers.
B. parents want to know what their child does during the day.
C. stimulating activities need to be limited.
D. knowing what to expect helps them to feel secure.

10. ______ A caregiver who uses initiating and responding behaviors in appropriate proportions would *not*
A. let the child lead in most interactions.
B. be observant of child behaviors.
C. respond to expressed needs of the child.
D. help a child solve a problem promptly.

11. ______ In custodial caregiving
A. children are provided with individualized activities.
B. caregivers visit quietly while they watch the children.
C. caregivers listen attentively to the children.
D. the environment is planned carefully.

12. ______ Alberta, the caregiver, is watching a couple of toddlers in the bathroom. It is almost time for lunch. Josie struggles to get her jeans up. She looks at Alberta, who smiles back. Josie continues to jump and wiggle until she finally succeeds. Martin, meanwhile, is washing his hands. It takes him several minutes to manage turning the water on and off. Alberta says, "You turned the water on and off by yourself!" The quality characteristic which this caregiver is demonstrating is
A. helpfulness.
B. patience.
C. frustration.
D. efficiency.

13. ______ When observing children for signs of development, it is most important to
A. use the information from the observations to plan to meet the individual needs of the children.
B. take notes as you observe the children's behavior.
C. use a prepared and valid developmental check list with sequence behaviors.
D. tell the parent about your observations.

14. ______ Observations by caregivers should
A. diagnose a child's handicaps.
B. be discussed with other caregivers.
C. separate facts from opinions.
D. reflect the caregiver's feelings about the child.

15. ______ A positive statement made to guide a toddler's behavior would be
A. "Don't cut your shirt, Jo!"
B. "Quit pointing those scissors at Louisa."
C. "Give me those scissors right now!"
D. "Use the scissors to cut this paper."

16. ______ Using positive reinforcement to guide behaviors
A. will cause the behaviors to happen more often.
B. is easier for caregivers to learn than other methods.
C. will make certain behaviors stop.
D. is usually ineffective with infants.

17. ______ An infant is banging a wodden spoon on the floor. Another infant playing close by is about to get hit by the spoon. The caregiver noticing says,"Here is a soft bunny." She moves the other baby and leaves the stuffed toy for the infant to hit. This is an example of
A. distraction.
B. redirection.
C. positive reinforcement.
D. discipline.

18. ______ A curious baby wants to explore the trash can under the changing table. An observant caregiver takes a pull toy on a string and walks near the baby. The baby hears the noise made by the toy and starts to crawl after it. This is an example of
A. distraction.
B. redirection.
C. positive reinforcement.
D. discipline.

19. ______ An effective way to help toddlers follow simple rules, such as not hitting another child, would be to
A. have the other child act the same way.
B. tell the child that she can't hit the other child.
C. remove the child from the room as quickly as possible.
D. use a sit-out-and-watch period for the child that hits.

20. ______ When a child has a temper tanturm it is *never* wise to
A. hold the child.
B. speak calmly to the child.
C. give the child what is wanted.
D. ignore the behaviors.

21. ______ Toddlers who develop the habit of biting others usually do this because
A. their teeth or gums ache.
B. they are in some way rewarded.
C. they are hungry.
D. they have a stubborn personality.

22. ______ In order for guidance techniques to work effectively, they must be used
A. immediately and consistently.
B. by the parents as well as the caregivers.
C. only by trained caregivers.
D. with a strong tone of voice.

DIRECTIONS

For Items 23-25 write a short essay.

23. Give several ideas on how to prevent fights over toys and how to respond when fights do occur.

24. When and how would transitions be used with toddlers? Give an appropriate transition.

25. How would a caregiver prepare an infant for a change in caregivers? Why is it important to prepare infants for such a change?

Transparency and Handout Masters

PAGE TITLE

22 Grouping Patterns for Infants and Toddlers

23 Daily Planning

24 Infant or Toddler Experience Plan

25 Caregiver Behaviors That Promote Healthy Development

26 Maslow's Hierarchy of Needs

27 Overview of Observation Skills

28 Positive Guidance Techniques

29 Positive Reinforcement

Grouping Patterns for Infants and Toddlers

Person-to Person

Group Size: 4-7 Infants
8-12 Toddlers
Child-Staff Ratio: 1-3 Infants
1-5 Toddlers
Same or Mixed Ages in a Group
Advantages:

Disadvantages:

Zone

For Toddlers 12-36 Months
Group Size: 20 Maximum
Child-Staff Ratio: 1-5
Mixed Ages
Caregivers Assigned to One Zone Each Day
Zones: Free Play Area,
Toileting, Outside,
Receiving
Advantages:

Disadvantages:

Daily Planning

Infants

7:30 7:30 - 8:30	ARRIVAL
	EXPLORE ENVIRONMENT Responsive Caregiver
	AS INDICATED BY INFANT *Diapering *Naps or Rest *Feeding *Individually Planned Activities
Around 9:30 - 10:00	OUTSIDE
Between 11:00 or 12:00	LUNCH
12:00	EXPLORE ENVIRONMENT
	AS INDICATED BY INFANT *Diapering *Naps or Rest *Feeding *Individually Planned Activities
Around 2:30 or 3:30	OUTSIDE
5:00 - 5:30	DEPARTURES

Toddlers

7:30	ARRIVAL
	EXPLORE ENVIRONMENT Responsive Caregiver Planned Activities
	AS INDICATED BY TODDLER *Diapering *Rest
9:30	SNACK
10:30	OUTSIDE
11:45	LUNCH
12:15	TOILETING QUIET TIME (rest or sleep)
Around 2:30 or 3:30	EXPLORE ENVIRONMENT Responsive Caregiver Planned Activities
	AS INDICATED BY TODDLER *Diapering or Toileting
3:00	SNACK
3:30 or 4:00	OUTSIDE
5:00 - 5:30	DEPARTURES

INFANT OR TODDLER EXPERIENCE PLAN

Topic: ______________________ *Approximate age(s):* ____________
Purpose(s): ______________________________________
Child(ren) who might be involved: ____________________________
Materials Needed: ______________________________________
Introduction: ______________________________________

Caregiver's Role:

Anticipated Infant's or Toddler's Role:

Results:

INFANT OR TODDLER EXPERIENCE PLAN

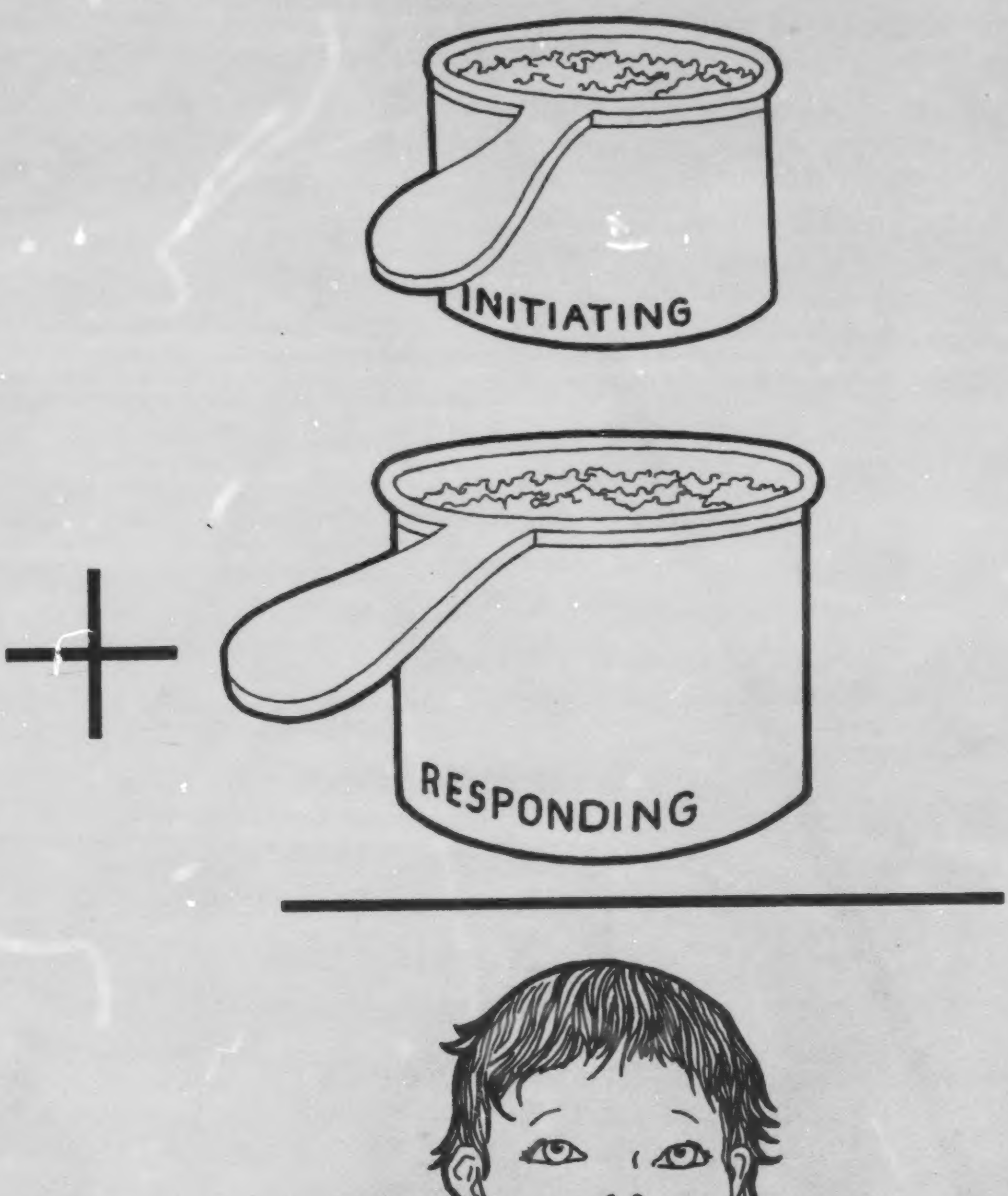
Topic: ______________________ *Approximate age(s):* ____________
Purpose(s): ______________________________________
Child(ren) who might be involved: ____________________________
Materials Needed: ______________________________________
Introduction: ______________________________________

Caregiver's Role:

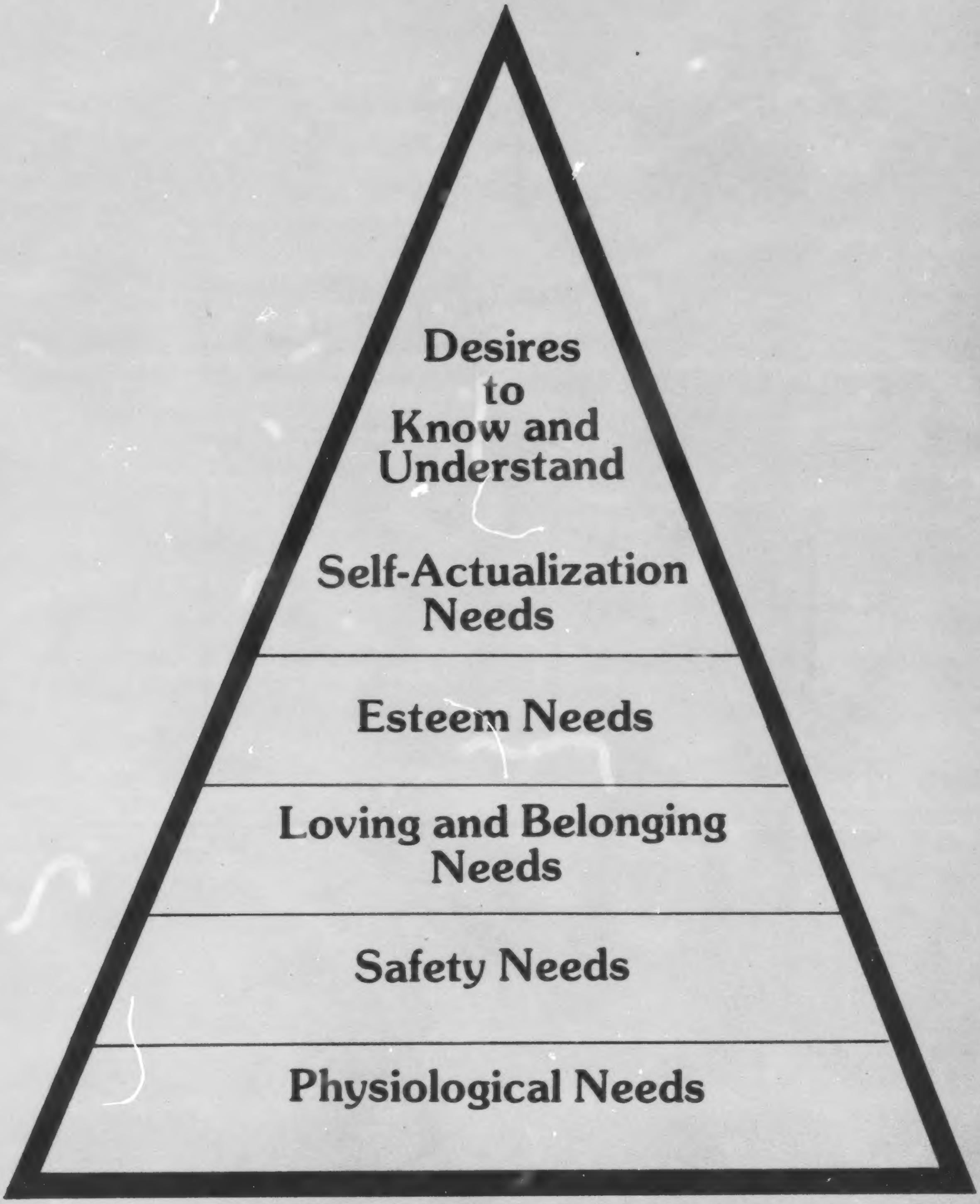
Anticipated Infant's or Toddler's Role:

Results:

Caregiver Behaviors That Promote Healthy Development


INITIATING
+
RESPONDING

Maslow's Hierarchy of Needs


Desires to Know and Understand
Self-Actualization Needs
Esteem Needs
Loving and Belonging Needs
Safety Needs
Physiological Needs

Overview of Observation Skills

Observation skills are important for both students and caregivers. Watching children provides useful clues about their needs and development. The student observer sees child development principles and theories in action. Alert caregivers continually watch children's reactions to each other, to adults, and to their environment. Based on such observations, more successful activities, routines, and guidance can be planned.

Three effective methods to record observations are the *anecdotal record*, the *running record*, and the use of a *behavior check list*. With the first two, the observer is writing down facts and behavior. Actions, gestures, voice tones, and setting are described.

Objective recording avoids using "judgment words" like "pretty," "bad," or "happy." These words assign the observer's meaning to the child's actions. An observer avoids judging or putting a value on the child's actions. The student only writes down what is actually seen. (In some assignments, the student's opinion is asked for. It is important to remember that it is just an opinion, only a guess about why the child behaves in a certain way.)

ANECDOTAL RECORD

An anecdotal record is a step-by-step description of one situation or event. Specific examples of behaviors and interactions are watched. Observations sometimes indicate the child's level of development. Recording may include behavior examples that support theories or principles. Caregiver behaviors in the situation are also recorded.

RUNNING RECORD

A running record covers a continuous, longer time period than anecdotal recording. Descriptions of a child are written for a certain block of time. For example, the child is observed for a whole hour, afternoon, or day. This type of recording shows behavior patterns. It gives a picture of the child's development in a series of situations.

CHECK LIST

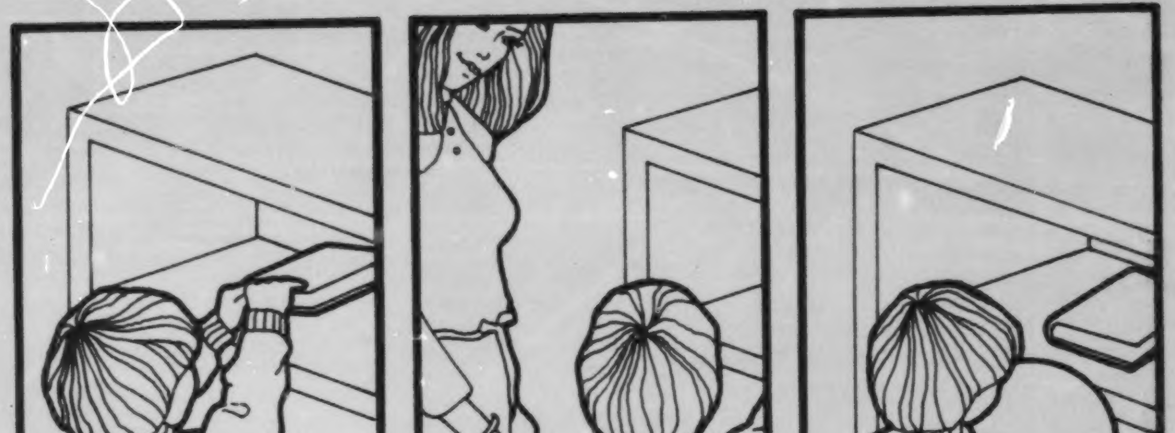
A check list is a list of child skills and behaviors. It may be a list of behaviors that children have usually achieved by a certain age. Check lists are usually divided into different areas, such as language or physical development.

When using a check list, it is helpful to remember the list is not a test. It should not be used to pressure the child to do more than he is ready for. Check lists are tools to help in planning the most growth-producing environment for each child. The check list shows where the child is now in the developmental sequence. A check list also helps to predict what the next developmental step will be. When used over a period of time, a check list indicates areas where the child may need special attention. The list may also indicates areas where the child will soon be ready for new, more advanced activities.

Positive Guidance Techniques

Redirect
Distract
Positive Reinforcement
Positive Language
Sit Out and Watch
Rules

Positive Reinforcement



Child Behavior

Positive Reinforcement

Child Behavior Increases

Performance Objectives

Physical Development

Unit II

Principles

- Explain the principles of development, including cephalocaudal and proximodistal development, development of gross motor skills, sequential and hierarchical development, and differential rates of development within and between individuals.

- Give examples of how principles of development may influence the caregiver's expectations for infants and toddlers.

- Sequence infants' and toddlers' physical development, including reflexes, body proportions, gross and fine motor development, eye-hand coordination, and development of the sensory systems.

- Discuss how physical maturation may influence other aspects of a child's development, including independence, self-concept, cognition, language acquisition, and nutritional needs.

- Discuss physically handicapping conditions for infants and toddlers.

Promoting Development

- Provide infants and toddlers with age-appropriate materials and activities to promote physical development, including gross and fine motor development, eye-hand coordination, and the development of the sensory systems.

- Add to each infant's or toddler's developmental record information concerning physical development and growth based upon observations and measurements of height and weight.

- Report signs of unusual development to the center's director.

- Exchange with parents information regarding a child's physical development and needs, in accordance with the center's policies.

- Follow written guidelines provided by the parents or physician in promoting the physical development and growth of the physically handicapped infant or toddler.

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Suggested Classroom Experiences

Principles

OBJECTIVE

Explain the principles of development, including cephalocaudal and proximodistal development, development of gross motor skills before fine motor skills, sequential and hierarchical development, and differential rates of development within and between individuals.

LECTURE: Introduce the unit on physical development by explaining that physical development includes physical growth, motor development, and the sensory systems.

TRANSPARENCY: View the transparency, p. 44, which shows the principles of cephalocaudal and proximodistal development. [NOTE: The *cephalocaudal principle* states that development proceeds from the head to the feet. The *proximodistal principle* states that development proceeds from the central part of the body to the extremities.] Ask the students to give examples of each.

DISCUSSION: Define *gross motor skills* and *fine motor skills*. Have the students identify parts of the body which involve each type of muscle–large and small. On the chalkboard write several small motor skills, such as pincer grasp, releasing objects, cutting, etc. Key Question: What skills will the child develop before these fine motor skills? Point out the principle that gross motor skills will develop before fine motor skills.

TRANSPARENCY: View the transparency, p. 45. Discuss the sequential and hierarchical nature of development. Have the students give examples of these principles operating in other aspects of life.

OBJECTIVE

Give examples of how principles of development may influence the caregiver's expectations for infants and toddlers.

DISCUSSION: Conduct a class discussion on how the principles of development may influence the caregiver's expectatons for infants and toddlers. List examples mentioned on the chalkboard. [NOTE: Some examples: Caregivers will know what type of toy or experience the child will enjoy; caregivers will not expect certain advanced behaviors, such as walking, until other simpler behaviors are mastered].

HANDOUT: Use the handout, p. 46, to help students see how caregivers' expectations, both accurate and inaccurate, influence their interactions with infants and toddlers. [NOTE: Students might role play the scenes.]

OBJECTIVE

Sequence infants' and toddlers' physical development, including reflexes, body proportions, gross and fine motor development, eye-hand coordination, and the development of the sensory systems.

TRANSPARENCY: View the transparencies, pp. 47-48, which review the basic reflexes. Ask the students to explain the importance of reflexes.

GAME: Play a game to help the students learn the reflexes. On notecards have the students write the name of one reflex. On two separate cards write the stimulus and the response for each reflex. Distribute all the cards evenly. Ask one student to stand and read the name of a reflex (or a stimulus or response). Ask the students having the matching stimulus and response (or reflex name) to stand and read their cards. Collect the cards that match and continue the game until all cards are in.

FILM: Show a film or filmstrip on infancy. Ask the students to watch for specific details of physical development. At the end of the film let them write a brief summary.

TRANSPARENCY: View the transparency on body proportions, p. 49. Ask the students to notice the size of the head in relation to the body from the fetus to the adult. Key Question: How do body proportions affect motor development?

DISCUSSION: Discuss the students' observations from Lab Experiences 7-9. On the chalkboard compile a list of all observed characteristics for each of the three age ranges. Have the students arrange in sequence. Compare the class list to a check list in one of the references. Key Question: What similarities and differences are observed? Each student should have one well-developed check list for future use.

JOURNAL: Ask students to keep a two-day anecdotal journal of infants and toddlers that they see during their time outside of lab. Their observations should focus on the children's physical abilities. For example, students might record observations made at the grocery store or shopping mall, of the car next to them at a stoplight, or of the children viewed in television programs and commercials. Students can share their observations at the next class meeting.

TRANSPARENCY: Study the transparency, p. 50, which shows the sequence of locomotor development. [NOTE: The sequence should read: one month, chin up; two months, chest up; three months, swipe and miss dangling object; four months, sit with support; fifth month, sit on lap and grasp object; sixth month, sit in highchair; seventh month, sit without support; eighth month, stand with support; ninth month, stand with support from furniture; tenth month, crawl; eleventh month, walk with help; twelfth month, pull to stand; thirteenth month, crawl up stairs; fourteenth month, stand alone; fifteenth month, walk alone.]

HANDOUT: Use the handout, p. 51, as an activity to help students remember the sequence of locomotor development. Ask the students to cut out each picture and arrange in order. Check, then glue the pictures on a long strip of poster board.

GAME: Use the same pictures from the handout, p. 51, to make a set of cards. Ask students to work in pairs or small groups to see who can accurately put the sequence together the fastest.

TRANSPARENCY: View the transparency on fine motor development, p. 52. Ask the students what principles of development are evident.

GROUPS: Ask the students to work in small groups. Each group is to find out all it can about the development of one of the senses in infants and toddlers. Provide several references. Ask each group to compile a fact sheet about the assigned sense and share this information with the class. Collect each group's work and reproduce so that every student has a fact sheet on each sense.

DISCUSSION: Ask the students to name infant and toddler activities which require the use of more than one sense. Key Question: How do the senses coordinate with the body?

LECTURE: Define eye-hand coordination for the students. Ask them to give examples of eye-hand coordination in infants and toddlers. Key Question: Why is this coordination so important to development?

GAME: Use the following game to reinforce students' knowledge of physical development. [Preparation: Prepare the following materials: long strips of poster board, felt-tip markers, file folder boxes or other comparable containers. Label boxes with certain age ranges, such as 0 - 4 months, 4 - 8 months, etc. On each strip of poster board write down a physical characteristic or skill of infants and toddlers. On the back of each strip write the age range in which the skill should emerge.] To play the game, ask the students to sort the strips listing the various skills and characteristics into the appropriate age range box. They can check their choices by looking on the back of each strip after all have been sorted. Emphasize again that ages are approximate and individual children may vary in development.

OBJECTIVE

Discuss how physical maturation may influence other aspects of a child's development, including independence, self-concept, cognition, language acquisition, and nutritional needs.

DISCUSSION: Ask the students to suggest things that children learn to do for themselves only when they have the physical ability. List on the chalkboard. [NOTE: For example, undressing, dressing, tying shoes, or using the toilet might be listed.]

DISCUSSION: Ask the students to work in small groups to discuss the effects of physical development on cognition and language development. Record examples of the effects and share these with the class.

LECTURE: Explain briefly to the students the connection between physical development and nutrition. For example, a toddler's growth rate is slower and the appetite of the toddler may decrease.

OBJECTIVE

Discuss physically handicapping conditions for infants and toddlers.

LECTURE: Summarize information about physically handicapping conditions for infants and toddlers. Explain the concept of mainstreaming. [NOTE: Check references for information.]

DISCUSSION: Ask the students to share their observations from Lab Experience 11 on the physically handicapped child. Key Questions: What is the caregiver's role in caring for the physically handicapped child? What experiences have you had in caring for the physically handicapped?

Promoting Development

OBJECTIVE

Provide infants and toddlers with age-appropriage materials and activities to promote physical development, including gross and fine motor development, eye-hand coordination, and the development of the sensory systems.

DEMONSTRATION: Bring in different examples of appropriate toys and equipment for infants and toddlers. Demonstrate ways that infants and toddlers use the equipment. For example, show how infants bang blocks together while toddlers stack blocks. Discuss the value of having multipurpose toys and equipment.

CHARTS: Divide the class into small groups. Assign groups to list on a large sheet of paper or poster board equipment and toys which would promote physical development. Half the groups will list toys and equipment for infants and half will list them for toddlers. Rate the items according to importance as: 1-essential, 2-important, 3-nice to have. Let each group share their # 1s. On the chalkboard formulate a master list of essential toys and equipment. Students should copy the lists for their notebooks.

DISCUSSION: Give the students a list of toys and equipment appropriate for use with infants and toddlers, or use the list formed in the activity above. Have the students identify the aspects of physical development promoted by each toy or piece of equipment.

CONSTRUCTION: In class, provide the time and materials to make some toys which promote physical development in infants and toddlers. For ideas, check the references at the beginning of the unit. Let each student make something for gross motor, fine motor, and sensory development. Be sure the toys made will be safe for use with infants and toddlers.

ACTIVITY FILE: Assign students to compile an activity or experience file for use with infants and toddlers. Use the form "Infant or Toddler Experience Plan" in Unit I, p. 24. Assign a certain number of experiences, covering infants and toddlers and all aspects of physical development. In class hold a sharing session where students can trade ideas. Students could analyze the experience plans of other students for appropriateness.

OBJECTIVES

Add to each infant's or toddler's developmental record information concerning physical development and growth based upon observations and measurements of height and weight.

Report signs of unusual development to the center's director.

Exchange with parents information regarding a child's physical development and needs, in accordance with center's policies.

LECTURE: Discuss with students the use of developmental sequences or check lists. Emphasize the importance of observing children's development for planning to meet needs. Diagnosing is to be done by the appropriate professional when there are suspected deviations from the normal patterns of development. Point out that each individual child progresses at an individual rate and that rates of development within the individual will vary. Ask the students to describe the policy of the lab center or the center where they work in regards to reporting unusual signs of development. Discuss Lab Experience 10 on the use of developmental check lists.

HANDOUT: Review with students the handout, p. 53, which gives directions on weighing and measuring infants and toddlers. Discuss Lab Experience 15 on weighing and measuring. [NOTE: Copies of a growth chart might be made available. These can be found in books on child nutrition. Show students how to plot the measurement done in Experience 15.]

OBJECTIVE

Follow written guidelines provided by the parents or physician in promoting the physical development and growth of the physically handicapped infant or toddler.

DISCUSSION: Invite members of the class to share information about their experiences in helping to care for a physically handicapped child. Key Questions: What kinds of activities did you provide? Special equipment? How did you work with parents?

GUEST SPEAKER: Invite a parent, physician, therapist, or other person who works with handicapped children to speak to the class. Have the speaker address the role and responsibilities of the caregiver in a day care center. Ask the speaker also to comment on the limits of the caregiver's responsibility; that is, the caregiver will not assess development in the same way as other professionals.

DISCUSSION: After the students are familiar with this topic, work together to develop a set of general guidelines for the child caregiver who cares for the physically handicapped infant or toddler.

Physical Development Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ To say that development is *hierarchical* means that development is a process
A. by which the body grows taller and heavier.
B. that creates similarities between individuals.
C. in which new skills are built upon earlier skills.
D. which causes differences between individuals.

2. ______ A new caregiver comments to you that Jesse and Monica are both 27 months old but Monica still can't walk up the stairs unassisted. You might tell the new caregiver that
A. all the children progress at an individual rate.
B. boys develop motor skills before girls.
C. Monica needs to be taught how to walk up the stairs soon.
D. Monica may be handicapped.

3. ______ Toddlers will be able to throw a ball before they can cut with scissors. This is an example of the principle that development proceeds from
A. the feet to the head.
B. the specific to the general.
C. fine motor skills to gross motor skills.
D. the general to the specific.

4. ______ An example of the cephalocaudal law would be that the infant can
A. direct the movement of the arms before the legs.
B. control the torso before the head.
C. roll over before crawling.
D. use the hands for grasping before reaching.

5. ______ An example of the proximodistal law would be that the infant can
A. direct the movement of the arms before the legs.
B. control the torso before the head.
C. roll over before crawling.
D. use the hands for grasping before reaching.

6. ______ An appropriate item for infants 12 to 18 months old would be a
A. musical mobile.
B. puzzle of 10 pieces.
C. peg and graduated rings.
D. tricycle.

7. ______ To promote eye-hand coordination for toddlers you would use
A. books with real pictures.
B. pegs and pegboard.
C. swings.
D. toddler-sized slide.

8. ______ To promote large motor development for toddlers you would use
A. push or pull toys.
B. walkers.
C. Lego or bristle blocks.
D. pop beads.

9. ______ Playpens, jumpers, swings, and other confining equipment should be used sparingly because they
A. are unsafe and are usually poorly constructed.
B. are expensive to purchase and maintain.
C. make the caregiver's job more difficult.
D. limit the infant's freedom to explore and practice moving.

10. ______ A sensory experience that would *not* be appropriate for toddlers would be to
A. plan some loud, marching music.
B. call attention to a bird singing.
C. provide a feelie box.
D. provide some scented cotton balls to smell.

11. ______ A sensory experience that would *not* be appropriate for infants would be to
A. lay the infant on the grass.
B. hang several mobiles over the crib.
C. rub the infant's body with fabrics of different textures.
D. let the infant taste two different fruit juices.

12. ______ Which one of the following examples shows a caregiver whose expectations are influenced by knowledge of the principles of development?
A. Regina, a two-month-old, is put in a baby swing by her caregiver, Sue. Regina's head control is not strong, so Sue puts blankets on either side of her head.
B. Marc notices that Benita, a seven-month-old, is just starting to crawl. He gives her a ball to move around the room.
C. Martha plans to show the toddlers in her room how to cut with scissors. She has an interesting activity which requires each toddler to cut out a tree.
D. Glenn has a choice of ordering a low-level climbing platform or small building blocks for his class of 8-12-month-olds. He orders the small blocks.

13. ______ Body proportions change from infancy to adulthood because
A. the head grows much faster than other parts of the body.
B. food intake varies at different ages.
C. weight is gained more rapidly than height.
D. different parts of the body develop at different rates.

14. ______ A reflex which causes the newborn to turn the head when touched on the cheek is called the
A. Moro reflex.
B. rooting reflex.
C. sucking reflex.
D. tonic neck reflex.

15. ______ The first behavior to come in the sequence of fine motor development is
A. scribbling.
B. pincer grasp.
C. forefinger exploration.
D. palmar grasp.

16. ______ The sequence which indicates the correct order of locomotor development is:
A. grasps a dangling object, pulls to a stand, stands with support.
B. sits with support, reaches and misses, climbs stairs.
C. sits on lap, crawls, sits alone.
D. chest up, sits alone, stands with support.

17. ______ The visual function which is probably not present at birth is
A. focusing.
B. following an object with the eyes.
C. seeing colors.
D. seeing dark and light shapes.

18. ______ As toddlers mature, their appetities may decrease because
A. their rate of growth is slower.
B. they are trying to be independent.
C. their stomachs are not as large.
D. they develop certain food dislikes.

19. ______ In order for toddlers to dress themselves, they need to
A. know how clothes are made.
B. be shown how to dress themselves by their parents.
C. be mature enough physically to manipulate the clothes.
D. be allowed to dress themselves at an early age.

20. ______ Physically handicapped children may be found in many more care centers today than in the past because
A. more qualified caregivers are available.
B. mainstreaming is a national trend.
C. the centers profit from the extra income.
D. the number of physically handicapped infants and toddlers is increasing.

21. ______ Anna will be having a visually impaired infant in her room. She needs to
A. learn how to assess development of the visually impaired.
B. request and follow written guidelines from the parents or guardians.
C. enroll in a course on handicapped children.
D. make a separate play space for the infant to use in the room.

22. ______ Weighing and measuring infants and toddlers is a good idea because
A. it is easy to check and record this information in a child's folder.
B. it is important to give the parents this information.
C. the children want to know who is the biggest.
D. it gives a clue to the quality of devleopment.

DIRECTIONS

For Items 23-25 write a short essay.

23. Explain how physical development may influence the child's sense of independence and self-concept.

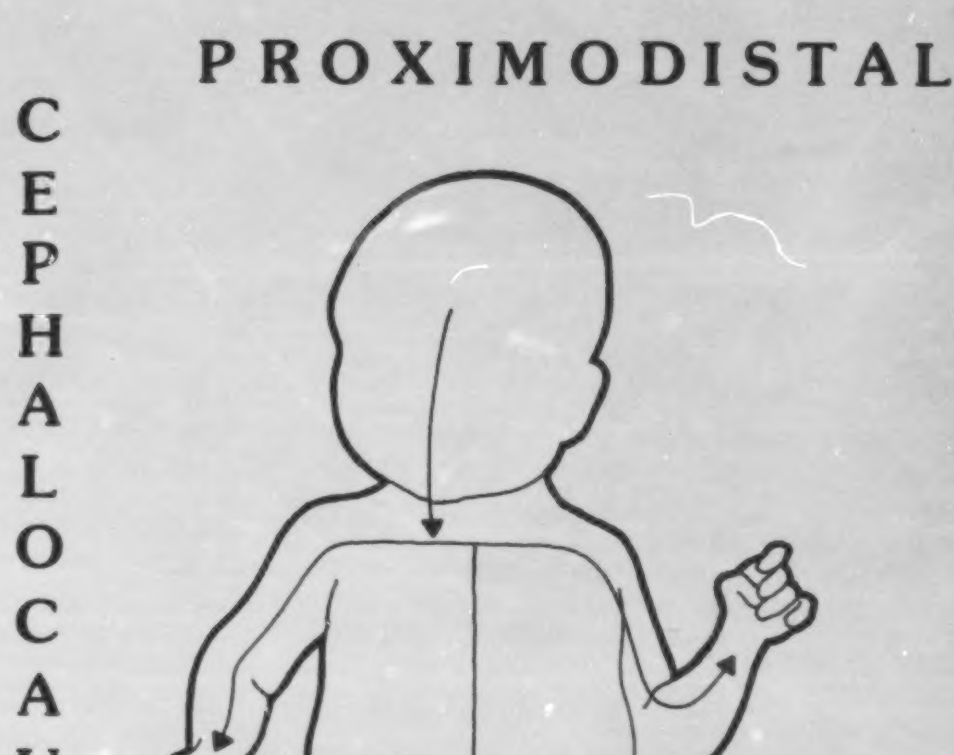
24. Write down at least three ideas for promoting a toddler's sense of smell.

25. Discuss the use of developmental check lists, including their purposes and how the information may be shared with parents.

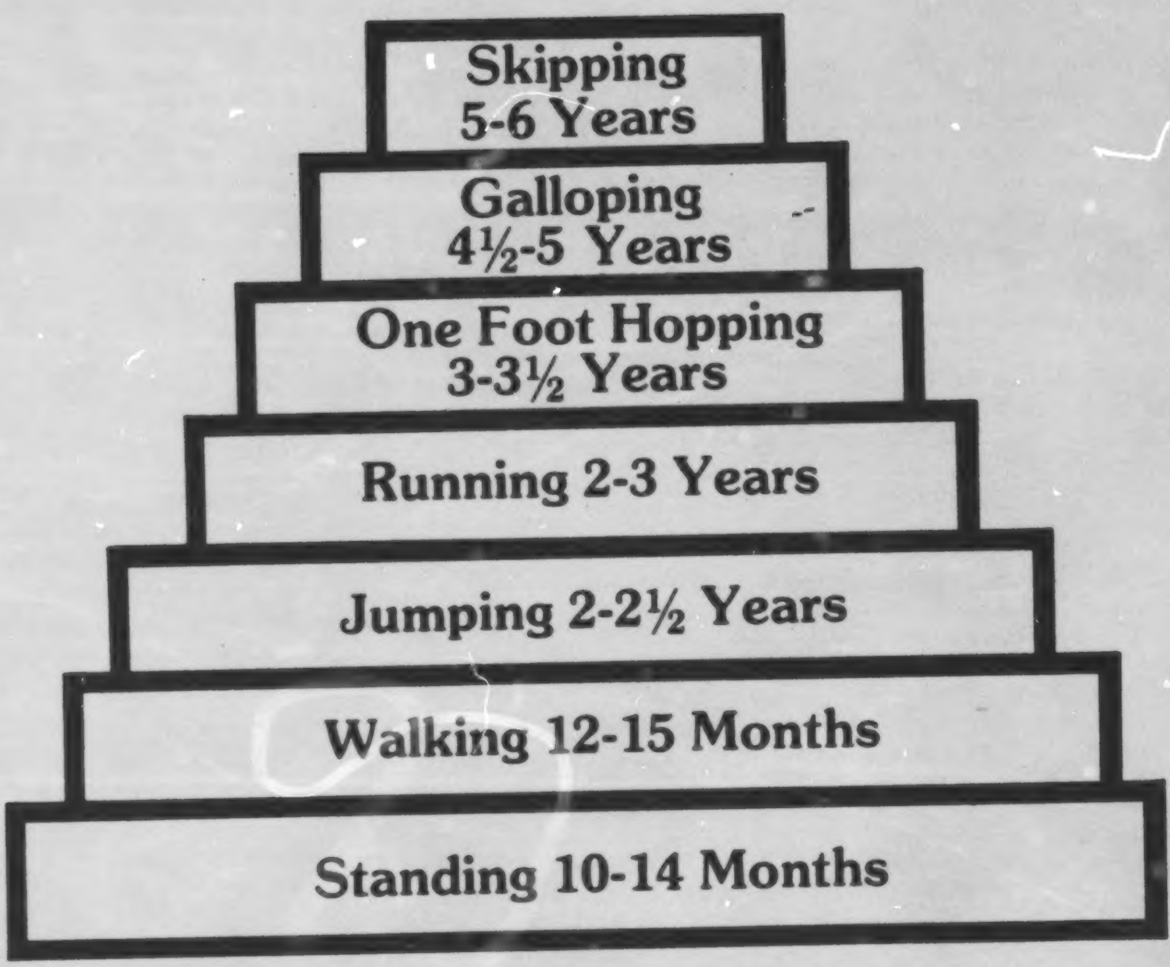
Transparency and Handout Masters

PAGE	TITLE
44	Directions of Development
45	Development is Sequential and Hierarchical
46	Caregiver's Expectations About Physical Development
47	Reflexes (written descriptions)
48	Reflexes (illustrated)
49	Body Proportions From Infancy to Adulthood
50	From Newborn to Toddler
51	Cut and Arrange
52	Development of Fine Motor Skills
53	Weighing and Measuring Infants and Toddlers

Directions of Development


PROXIMODISTAL
CEPHALOCAUDAL

Development is Sequential and Hierarchical



Skipping
5-6 Years

Galloping
4½-5 Years

One Foot Hopping
3-3½ Years

Running 2-3 Years

Jumping 2-2½ Years

Walking 12-15 Months

Standing 10-14 Months

A Gross Motor Sequence

Caregiver's Expectations About Physical Development

DIRECTIONS

Examine the following scenes. Then discuss these questions first in small groups, then in the class as a whole:

1. What expectations or assumptions were being made by the caregiver?
2. How accurate were the expectations?
3. How did the caregiver's expectations about physical development affect the children involved?
4. What would you do if you were the caregiver?

SCENE # 1

Ursula is preparing to have a snack with her two-year-olds. When it is time to clean the room, she notices several unworked puzzles on the table. Remembering that Jose and Vau were at the table last, she tells them to come and finish. "But, I can't! says Jose after trying again. Vau has already given up and left the table. "You must put the puzzle up, Jose. You got it out." Ursula explains, "Look, there are only 10 pieces to fit together. Put this one here." Jose tries but can't manage to get the piece to fit. Ursula does it for him and ends up finishing the puzzle herself. Jose watches, resting his head on his hand. "We're not going to have any more puzzles unless you learn to work them right," Ursula says as she puts the puzzle away.

SCENE # 2

Albert had a great idea to try with the toddlers–a tricycle race. That afternoon, Albert takes his class outside. He plans to use the three tricycles and have the toddlers take turns racing. The first three to race are Marty, Rosa, and Joe. Joe wins the race easily; he's almost three. Rosa comes along slowly; her foot slips on the pedals a lot. Marty ends up in the flower bed and can't seem to steer the tricycle. Marty starts to cry in frustration; Rosa says she cut her leg; Joe jumps up and down saying, "I did it!" Albert tries to comfort Rosa and Marty while Joe returns to the starting point and invites another toddler to race. "O.K." says Albert, "Who wants to race next?"

SCENE # 3

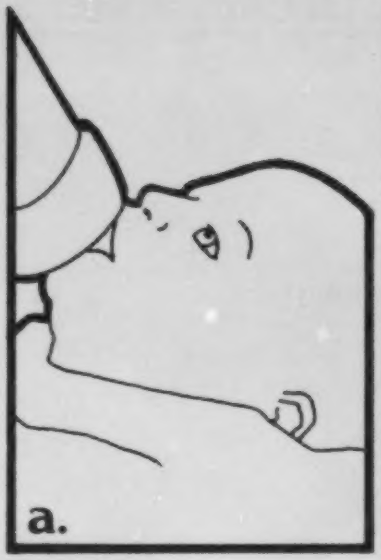
The infant room is very quiet. The windows are darkened with shades. Lucille, the caregiver, is relaxing for a few precious moments while the infants are asleep. She remembers the hectic morning and wonders why she always gets the fussy babies. Looking around the room, she notices that the walls need painting. There is a light spot where the one picture in room hung. She took it down last week because she was tired of looking at it. Teresa, a seven-week-old, awakens crying. "Now where is that rattle?" Lucille says as she searches in the diaper bag and finds it. The diaper bags are stored in the one crib with a mobile hanging over it. She opens Teresa's closed fist and places the rattle in her hand, which immediately closes around the handle. "Now don't hit yourself waving that thing around," Lucille says. She looks at Dusty, a six-month-old, who is rocking on his tummy, kicking his legs and trying to reach a toy bunny. "Here you go, Dusty," Lucille says as she moves the toy so that Dusty can reach it.

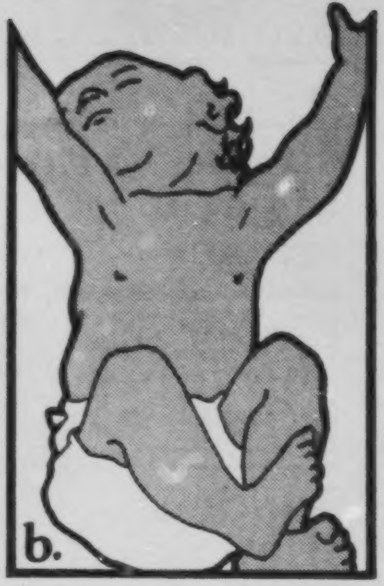
Reflexes

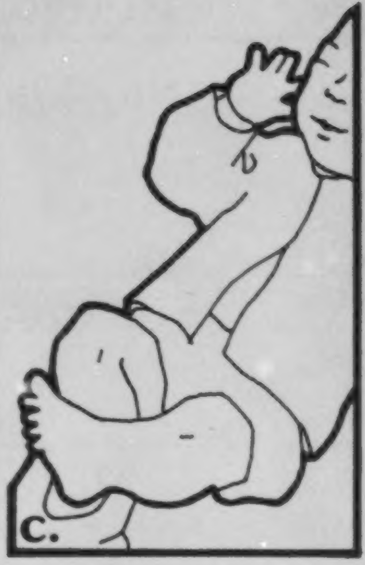
Reflex	Stimulation	Response*
Rooting	Cheek stroked with finger or nipple	Head turns; mouth opens
Sucking	Finger or object in infant's mouth	Sucks using tongue and mouth
Moro (Startle)	Sudden stimulus, such as loud noise or being dropped	Extends legs, arms, and fingers; arches back; draws back head
Tonic neck	Head turned to one side	Extends arms and legs on that side; flexes opposite limbs
Babinski	Sole of foot stroked	Toes fan out; foot twists in
Grasping (Palmar)	Something placed in palm of hand	Makes tight grasp; will grasp tighter if object is pulled away
Stepping (Walking)	Held upright with feet touching flat surface	Appears to walk in a coordinated way

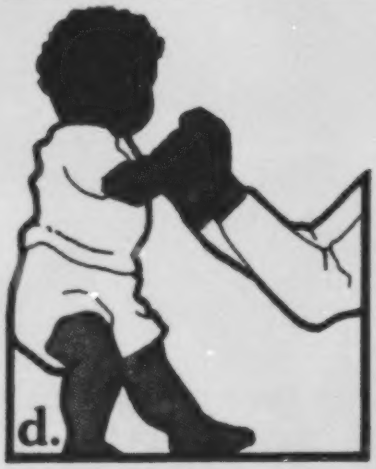
*These behaviors cease a few months after birth.

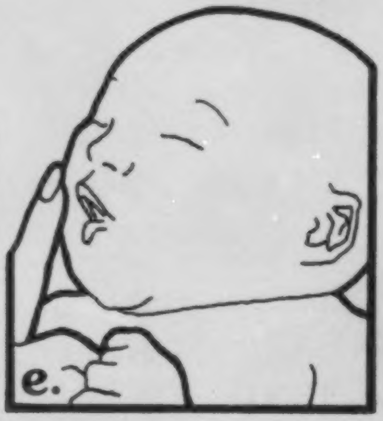
Reflexes

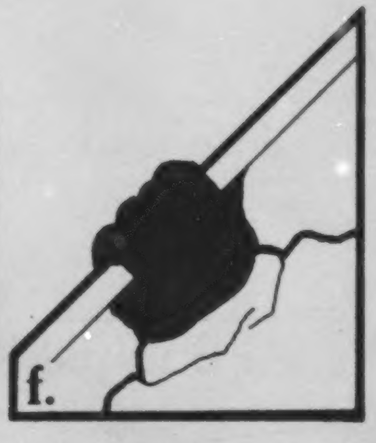




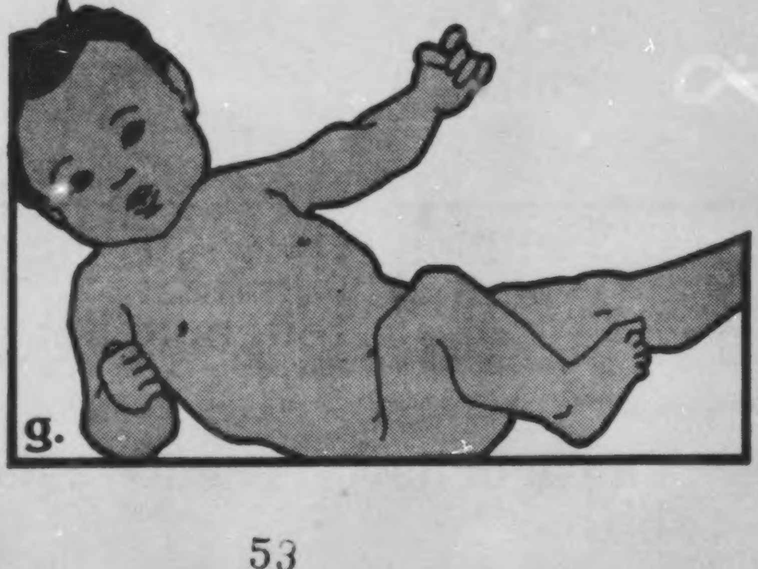




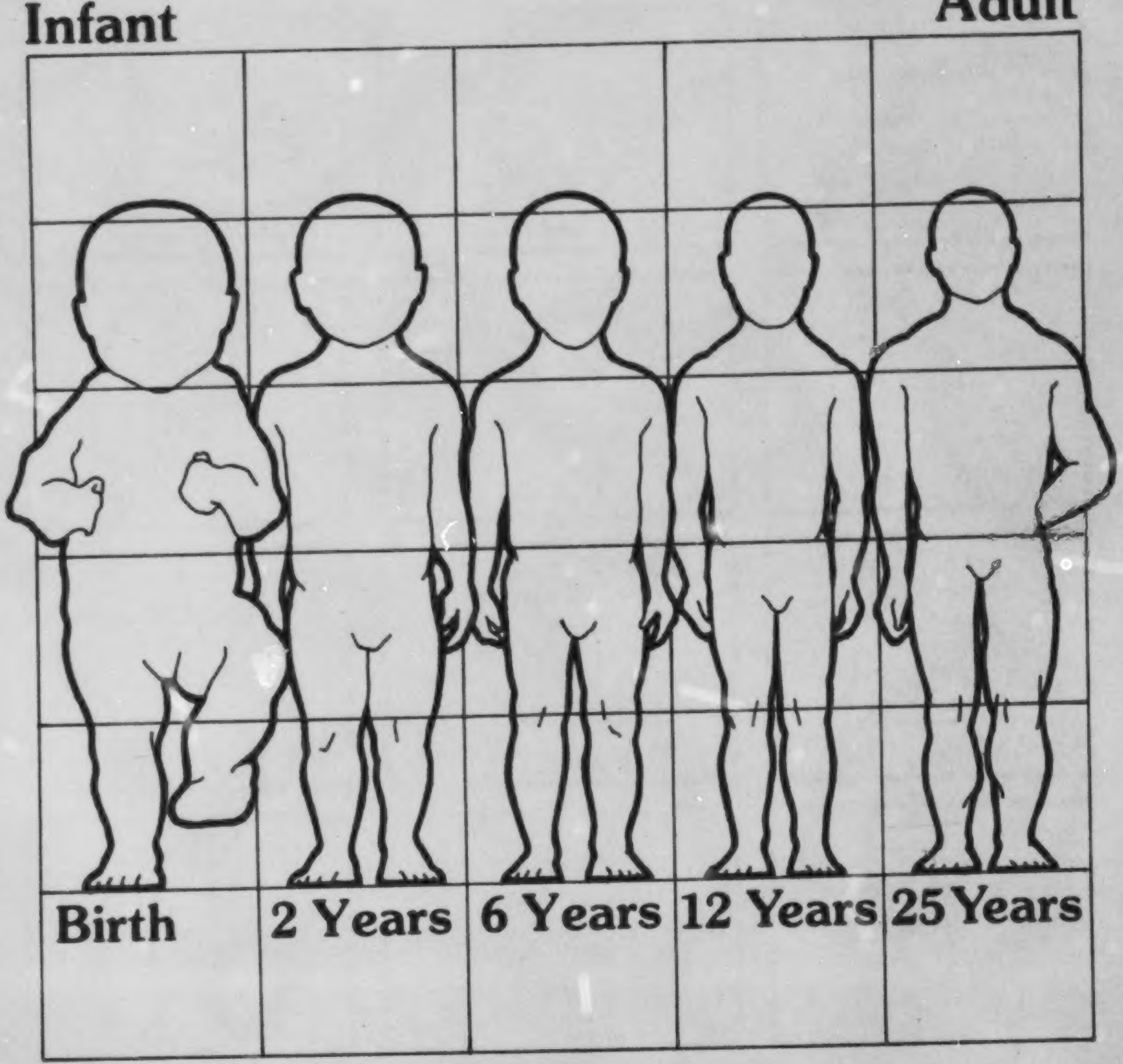




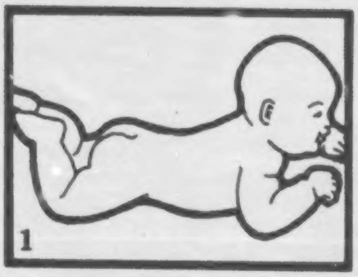
a. Sucking
b. Moro
c. Babinski
d. Stepping
e. Rooting
f. Palmar
g. Tonic



Body Proportions From Infancy to Adulthood


Infant
Adult
Birth
2 Years
6 Years
12 Years
25 Years

From Newborn to Toddler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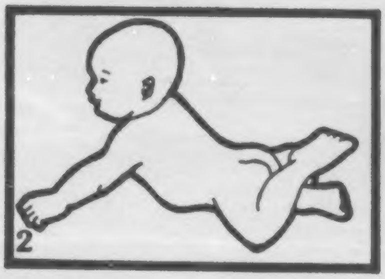
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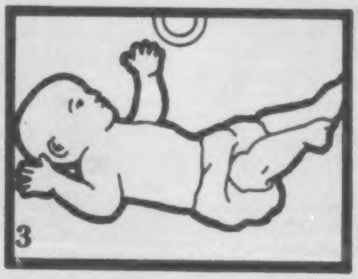
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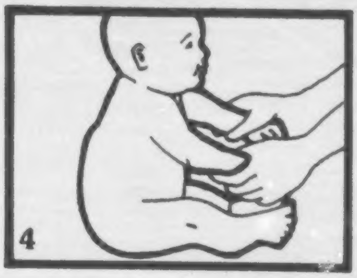
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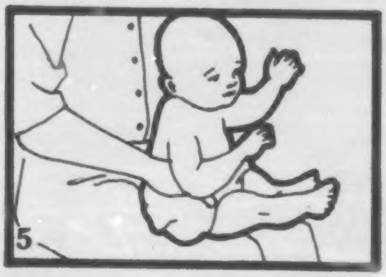
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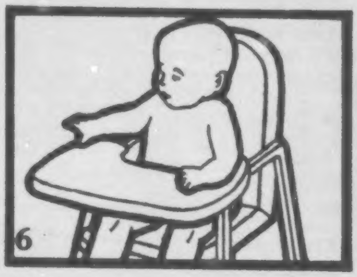
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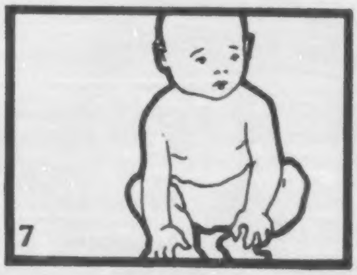
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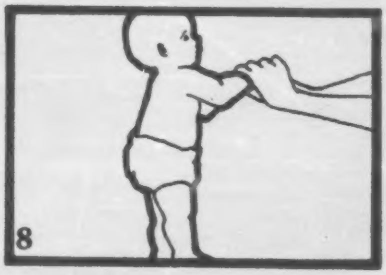
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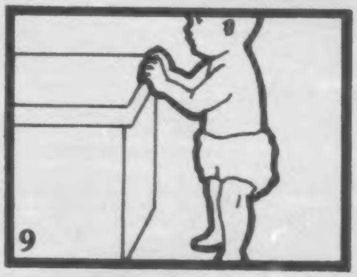
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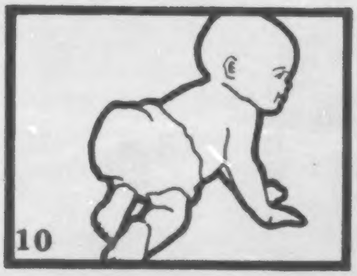
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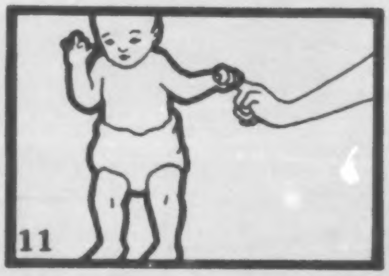
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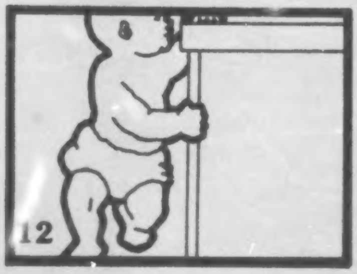
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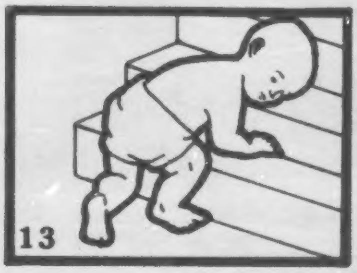
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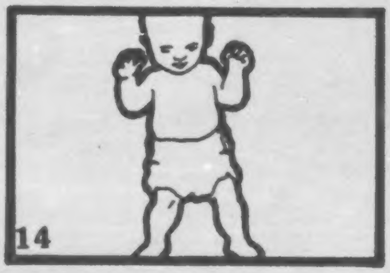
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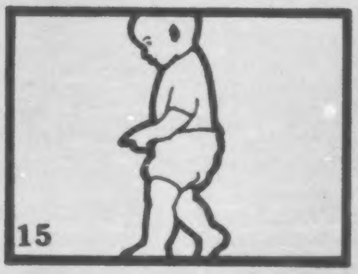
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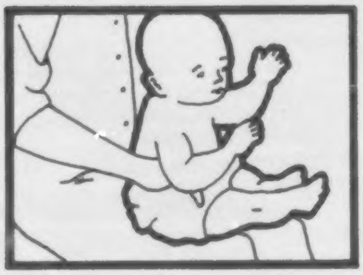
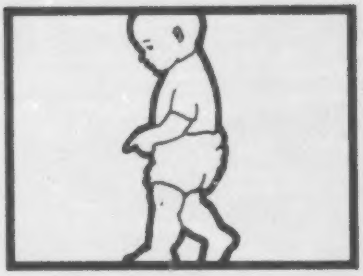
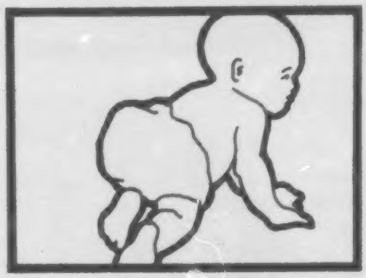
Cut and Arrange

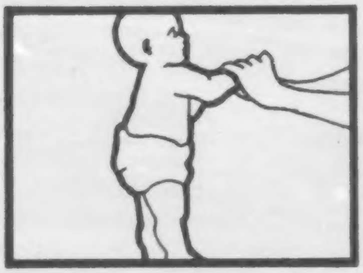
DIRECTIONS

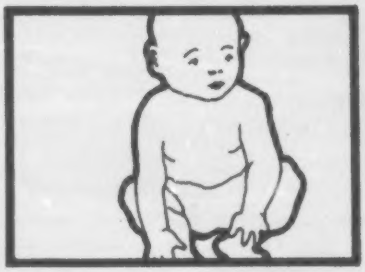
Cut out the pictures and arrange in the correct sequence.

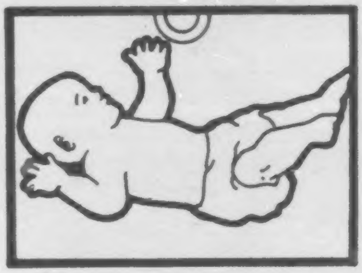


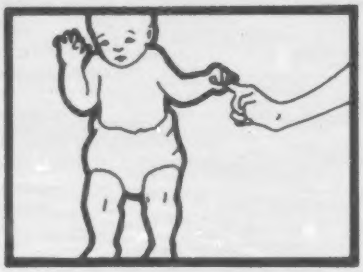


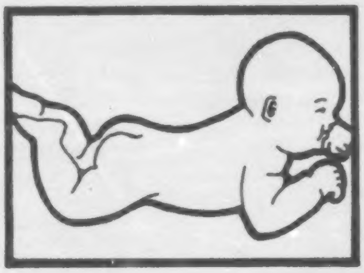


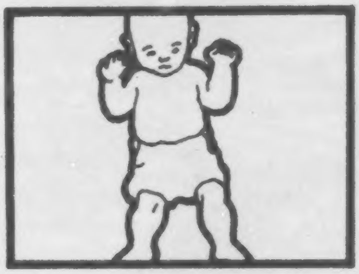


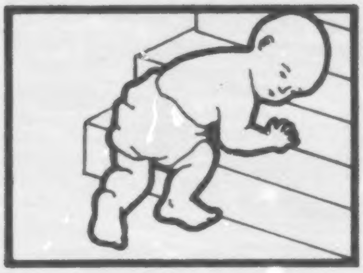


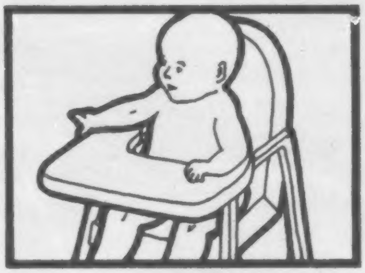


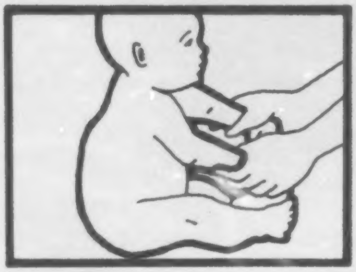


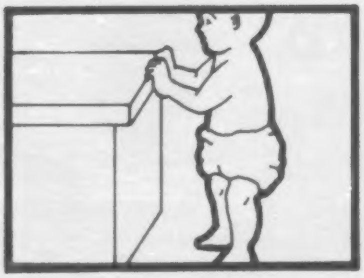


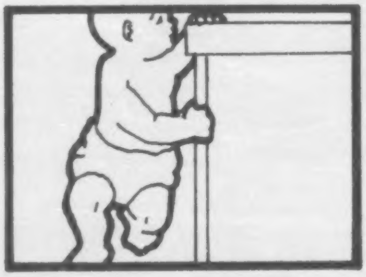


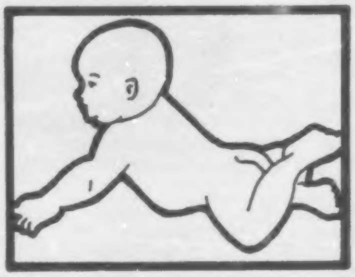




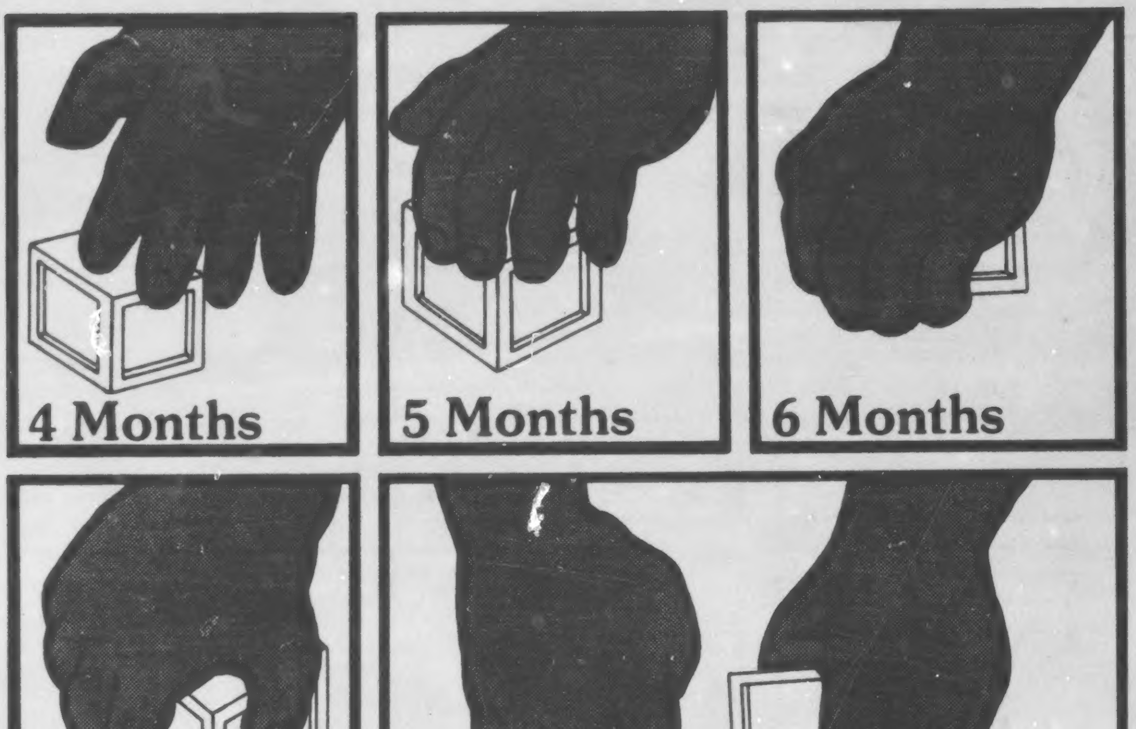




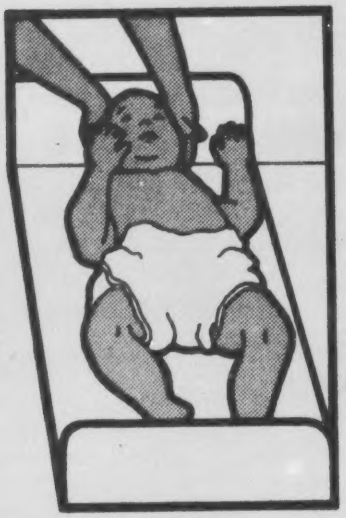




Development of Fine Motor Skills


4 Months
5 Months
6 Months
7 Months
8 Months
10 Months
1 Year

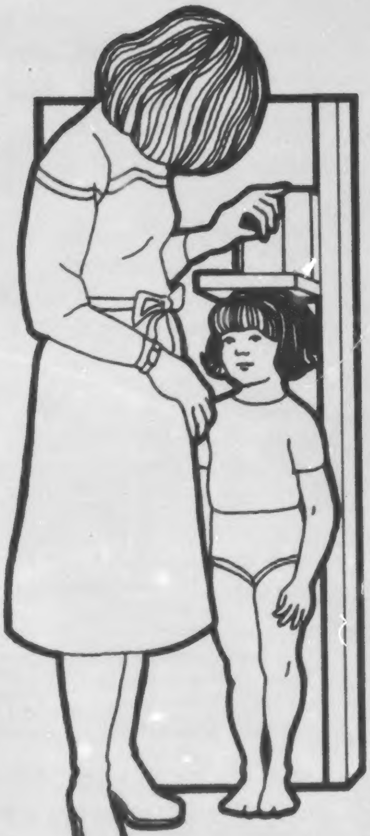
Weighing and Measuring Infants and Toddlers



Weighing Infants
Weigh infants once a month. Use a beam-balanced scale with a movable weight. Remove most of the infant's clothes. Lay the infant on the table of the scale. Older infants can sit on the tray. Move the weight until the beam is balanced. Record the weight in pounds or kilograms.

Measuring Infants' Length
Measure infants once a month. Use a device similar to a foot measure in the shoe store. It should have a wide table or board with movable head- and foot-pieces. Follow this procedure:

1. Lay the baby down on her or his back.
2. Gently adjust the headpiece to meet the top of the head.
3. Line the baby's body so that shoulders, hips, and legs are straight.
4. Gently hold the knees to the table.
5. Move the foot-piece to touch the bottom of the baby's feet.
6. Use a tape measure to check the length between the head- and foot-pieces.
7. Record the measurements in inches or centimeters.



Weighing Toddlers
Weigh toddlers once a month. Use a beam-balanced scale that the child can stand upon. The toddler should wear as few clothes as possible. Move the weight of the scale until the beam is balanced. Record the weight in pounds or kilograms.

Measuring Toddlers' Height
Measure toddlers once a month. Use a fixed scale that is attached to a wall. Follow this procedure:

1. Remove the child's shoes.
2. Have the child stand with heels to the wall.
3. Use a flat, wide board to mark the child's height by resting it on the top of the child's head.
4. Record the height in inches or centimeters from the point where the lower part of the board meets the scale.

Using Growth Charts
Growth charts can be used to plot a child's physical growth. These can be found in child nutrition textbooks. Be sure to use the infant chart when plotting the length of an infant lying down. Use the charts for children ages two to 18 when a standing measure of height is taken.

Performance Objectives

Intellectual Development

Unit III

Principles

- Explain Piaget's first two stages of cognitive development, the sensorimotor and the preoperational, including an explanation of schema, accommodation and assimilation, object permanence, cause and effect relationships, classification, and means and ends relationships.
- Explain theories of language acquisition, including imitation, reinforcement, innate mental structures, and combined theories.
- Sequence infants' and toddlers' language acquisition.
- Discuss the creative interests and capabilities of infants and toddlers in the areas of art, music, movement, dramatic play, and creative problem solving.

Promoting Development

- Provide infants and toddlers with age-appropriate materials and experiences which promote cognitive development, including opportunities to gain object concepts, means and ends concepts, and early classification skills.
- Provide infants and toddlers with age-appropriate materials and experiences which promote language acquisition, including initiating and encouraging verbal interactions with infants and toddlers, talking to infants and toddlers about their immediate surroundings and activities, and using simple songs and finger plays.
- Accept bilingual infants and toddlers and encourage them to gain skills in both languages.
- Provide infants and toddlers with age-appropriate materials and experiences which encourage creativity in the areas of art, music, movement, dramatic play, and creative problem solving.
- Add to each infant's or toddler's developmental record information concerning intellectual development.
- Report unusual signs of development in cognitive skills, language, or creative interests and capabilities to the center's director.
- Exchange with parents information regarding a child's intellectual development and needs in accordance with the center's policies.
- Follow written guidelines provided by the parents or physician in promoting the intellectual development of the exceptional infant or toddler.

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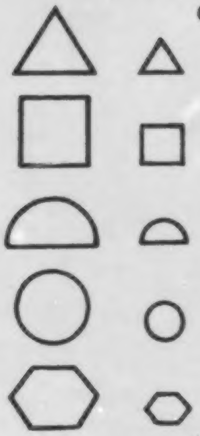
Suggested Classroom Experiences

Principles

OBJECTIVE

Explain Piaget's first two stages of cognitive development, the sensorimotor and the preoperational, including an explanation of schema, accommodation and assimilation, object permanence, cause and effect relationships, classification, and means and ends relationships.



GAME: To introduce the student to Piaget, conduct this experience with the students. [Preparation: Using construction paper, prepare for each student some pairs of shapes similar to the illustration at the left. Notice that the pairs differ in size only. Some sets could also be made in which the shapes are all the same size in each set but differ in color. Mix the shapes and place in an envelope.] Give each student a set of shapes and ask them to arrange the shapes into groups. Students may arrange the shapes by size, color, or type of shape. Ask students to explain their arrangements. Key Questions: What were you doing when you sorted the shapes? When and how do classification skills begin? Why would these skills be important to development? Explain to the student that a theorist named Jean Piaget investigated classification skills during his studies of cognitive development.

LECTURE: Describe to the class the life and work of Jean Piaget. [NOTE: See the references at the beginning of the unit.] Key Questions: How can one individual have such an impact on the field of child development? Can you think of other individuals whose life and work have had great influence?

LECTURE: Explain Piaget's idea of *schema*. [NOTE: A *schema* is an organized mental or behavioral pattern.] Once *schema* is defined, ask the students to give examples. Key Questions: What schemas are infants learning? Toddlers? What are all schemas based upon? [NOTE: Schemas are built upon the reflexes.]

TRANSPARENCY: View the transparencies, pp. 70-71, which explain Piaget's concepts of accommodation and assimilation. Tell the students that these are twin, or complementary, processes which work together.

GAME: Give each student four note cards. Ask them to label one card "Accommodation" and the other "Assimilation," and write down an example of each on the appropriate card. Collect these cards. On the other two cards, the student will write "Accommodation" and "Assimilation" in large letters. To play the game, read one of the examples collected. Students should hold up the appropriate card for that example, "Accommodation" or "Assimilation." Students will probably disagree. Ask certain students to explain their reasons. Continue until all the examples have been read. Key Questions: Why was it sometimes difficult to determine the most appropriate response? [NOTE: One reason is that these are complementary processes and may occur simultaneously in the child.]

DEMONSTRATION: Invite two infants to visit the class, one about seven months old, the other older than 10 months. [NOTE: To be effective the younger infant should not have object permanence and the older one should.] Ask the students to watch closely as you work with each infant. Place an attractive toy before the younger infant. Let her reach for the toy. In a moment, gently remove the object and place it on the floor. While the infant is watching, cover the toy with a cloth. The infant will not reach for the toy nor remove the cloth. Try the same activity with the older infant. He should remove the cloth. If she is still willing, try to cover the object partially for the younger infant. Discuss with the students what they observed. Key Questions: Why didn't the younger infant remove the cloth? Why did the older one do so quickly and grasp the toy?

LECTURE: Introduce the students to Piaget's idea of the object concept, including object permanence. Explain that the reason why the infant without object permanence will not remove a cloth or look for a hidden toy is that the infant thinks once the object is out of sight, it no longer exists. Key Questions: What is the relationship between object concept and games such as peek-a-boo? Why are such games so much fun for infants?

TRANSPARENCY: View the transparency, p. 72, which shows the substages of the sensorimotor stage. Give details about means and ends concepts and imitative behaviors. [NOTE: See references at the beginning of the unit.] Ask the students to give examples of specific infant behaviors which reflect the characteristics of each substage.

TRANSPARENCY: View the cartoon transparency, p. 73, which illustrates the idea of object permanence. Ask the students to challenge the idea that once "out of sight, out of mind." Key Questions: What other explanations could account for infants not searching for a hidden object? Is the idea of person permanence the same as object permanence? [NOTE: One purpose of this discussion is to help the students understand that theories, such as Piaget's, are still just ideas; they are still being proven and disproven. However, Piaget's theories are holding up well to the challenges.]

TRANSPARENCY: View the transparency, p. 74, which explains the characteristics of the preoperational period.

DEMONSTRATION: Follow up the introductory classification game, p. 59, by inviting some children between the ages of two and five to visit the class and do the same activity. Ask the students to observe while the children sort the shapes. After the children have gone, ask the students to observe each child's work. Key Questions: What differences do you notice between children of different ages? Can you see a progression in classification skills as the children become older?

FILM: View a film on cognitive development, or on Piaget. [NOTE: See suggested films at the beginning of the unit.] Viewing the film after doing the learning experiences will reinforce the earlier learning.

OBJECTIVES

Explain theories of language acquisition, including imitation, reinforcement, innate mental structures, and combined theories.

Sequence infants' and toddlers' language acquisition.

DISCUSSION: Introduce the topic of language acquisition by asking the students to tell why and how children learn language. Write these on the chalkboard.

TRANSPARENCY: View the transparency, p. 75, which outlines the theories of language acquisition. Key Question: Which theory seems most probable? Make a note of the fact that no one is yet certain exactly how and why children learn language.

HANDOUT: Give students the handout, p. 76, which explains the sequence of language acquisition. Key Questions: Do you think this sequence holds true for all languages? [NOTE: Basically, the answer is yes. See references for more details.] Which theory of language acquisition does the fact of sequence support?

TAPE RECORDINGS: Use tape recordings of children's verbalizations to help students identify the sequence of language development. [Preparation: Make some tape recordings of infant and toddler verbalizations. Select children from a wide variety of ages and some who are the same age.] Divide the class into small groups. Provide each with a cassette player and tape of infants and toddlers verbalizing. Using the sequence handout, p. 76, ask the students to decide what age each child on the tape might be. After the groups are finished, tell them the correct ages of the speakers. Key Questions: Why were you able to tell the age? Why did you miss? Point out to the students that the sequence is the same, but there may be a wide age range for when the skills are attained.

DISCUSSION: Discuss Lab Experiences 18 and 19, which involve observing and recording infant and toddler verbalizations.

OBJECTIVE

Discuss the creative interests and capabilities of infants and toddlers in the areas of art, music, movement, dramatic play, and creative problem solving.

EXPERIENCE: To introduce the students to creativity, divide the class into small groups. Ask the groups to develop an original finger play or action rhyme. Limit time to about 15 minutes. When they are finished, ask the groups to present their creations. Ask the students to describe the creative problem-solving process they used.

DISCUSSION: Key Question: What is creativity? On the chalkboard write down everyone's ideas. Work until a broad definition is agreed upon. [NOTE: One definition might be that *creativity* is the use of ideas and materials in a way that is unique to the individual or to other persons.]

DISCUSSION: Key Questions: When do creative behaviors appear? How do they develop? What is the relationship between creativity and other aspects of development? What is the value of creativity? After the discussion ask the students to check references for answers, and report back to the class.

CHARTS: Ask each student to prepare two charts on notebook paper. One chart will list things that promote creativity. The other chart will list things that block creativity. Students can share their charts in small groups. As a class decide which single thing best promotes creativity and which single thing is the greatest block to creativity.

TRANSPARENCY: View the transparency, p. 77, which illustrates the different areas of creativity. Ask the students to identify how infants and toddlers can be creative in each of these areas. Give examples from your experience as well.

DISPLAY: Use a display of creative and noncreative artwork to help students understand creativity. [Preparation: Collect several samples of creative work by infants and toddlers, and some examples of noncreative work, such as coloring books, craft projects where everyone made the same thing, etc.] Ask the students to examine the examples. Key Questions: Which pieces are creative? Why? Which are not? Why? What makes an experience creative?

DISCUSSION: Discuss Lab Experience 20, the experience for problem solving. What differences and similarities among the children are apparent?

Promoting Development

OBJECTIVE

Provide infants and toddlers with age-appropriate materials and experiences which promote cognitive development, including opportunities to gain object concepts, means and ends concepts, and early classification skills.

ACTIVITY FILE: Assign students to add to their activity files experiences which would promote cognitive development in infants and toddlers. Use the form "Infant or Toddler Experience Plan," p. 24. Students should have experiences which involve problem solving, object permanence, cause and effect relationships, and other Piagetian tasks. Provide time in class for students with some of the resources listed at the beginning of the unit so that they can find ideas for activities.

DEMONSTRATION: Bring to class several toys that would be appropriate for promoting cognitive skills. Ask the students to identify what concepts or skills would be practiced by the infant using the toy. Ask the students for what age range the toy would be appropriate. [NOTE: Have toys related to problem solving, cause and effect relationships, and classification skills.]

OBJECTIVE

Provide infants and toddlers with age-appropriate materials and experiences which promote language acquisition, including initiating and encouraging verbal interactions with infants and toddlers, talking to infants and toddlers about their immediate surroundings and activities, and using simple songs and finger plays.

ROLE PLAY: Role playing with dolls will help students focus on verbal behaviors that occur during everyday events. [Preparation: Make several sets of cards with one of these phrases per card: diapering, putting on shoes, bathing, going someplace in the car, eating, taking a bottle, looking out the window, looking at a picture book. Collect several baby dolls.] Bring the sets of cards and the baby dolls to class. Divide the class into pairs or groups of three. Give each group a set of cards and a baby doll. Each student will talk with the baby while role playing one of the scenes on the cards. The other students in the group will comment on the caregiver's interactions with the baby. They could notice things such as the tone of voice and the appropriate choice of words, etc. Each student in the group should practice several scenes with the baby. Following the role playing session conduct a group discussion. Key Questions: How did you feel about talking to someone who didn't talk back? How would a baby communicate interest to you? Why is it important to talk about the immediate activities of the baby as they happen? How were you promoting language development?

DEMONSTRATION: Demonstrate for the students several finger plays and action rhymes which would be appropriate for infants and toddlers. Ask the students to practice them with you until they learn them. Students can write down the finger plays and add them to their files.

HANDOUT: Review the handout, p. 78, which illustrates different ways to share books with infants and toddlers. Ask the students to practice reading stories to each other in small groups using the techniques described on the handout.

DISCUSSION: Discuss with the class criteria for selecting books for infants and toddlers. Prepare a handout or write the guidelines on the chalkboard.

ACTIVITY FILE: Assign the students to find age-appropriate experiences which promote language development, including those which encourage verbalization, opportunities to learn word meanings, etc. Provide time in class for students to share ideas.

OBJECTIVE

Accept bilingual infants and toddlers and encourage them to gain skills in both languages.

LECTURE: Explain to the class the process of language development which occurs in a bilingual infant. Explain the value to the child of models who speak only one of the two languages, as well as those who speak both. [NOTE: See references at the beginning of the unit for more information.]

DISCUSSION: Key Questions: How can caregivers show accpetance of the bilingual infant or toddler? How do caregivers promote the child's abilities in each language?

OBJECTIVE

Provide infants and toddlers with age-appropriate materials and experiences which encourage creativity in the areas of art, music, movement, dramatic play, and creative problem solving.

LEARNING CENTERS: Divide the class into groups and assign each group one area of creativity, such as art, music, or problem solving. Ask each group to plan and implement a caregivers' learning center for ways to promote creativity in infants and toddlers for the given area. In a subsequent class have a "Creativity Fair for Caregivers of Infants and Toddlers." Ask the members of each group to take turns directing their learning center while others visit the centers of other groups. Each student should have the opportunity to visit each learning center.

OBJECTIVES

Add to each infant's or toddler's developmental record information concerning intellectual development.

Report unusual signs of development in cognitive skills, language, or creative interest and capabilities to the center's director.

Exchange with parents information regarding a child's intellectual development and needs in accordance with the center's policies.

Follow written guidelines provided by the parents or physician in promoting the intellectual development of the exceptional infant or toddler.

LECTURE: Summarize the types of handicapping conditions related to cognitive or language development that might be encountered by caregivers of infants and toddlers. Explain the importance of watching for signs without diagnosing. Tell how caregivers might work with parents when caring for a child with one of these handicapping conditions. [NOTE: See references at the beginning of the unit for more information.]

LECTURE: Introduce the class to the fact of gifted and talented children. Expalin in what areas giftedness can develop, and explain how to identify the signs. [NOTE: See references at the beginning of the unit for more information.] Key Questions: What signs of giftedness might be observed in an infant or toddler? Why would it be important to share this information with the center's director?

GUEST SPEAKER: Invite resource persons or parents of a gifted or talented child to share their knowledge and experiences. Ask the speakers to address the caregiver's role in caring for a gifted or talented infant or toddler.

REPORTS: Assign the students to report on a gifted or talented child they know, perhaps one they have read about in a magazine or newspaper article. Ask the students to report when the parents or guardians first noticed signs of the child's exceptional abilities. Key Questions: How would this child's giftedness influence other aspects of development? How would the child feel? Could giftedness ever be viewed as causing problems for the child, family, or caregivers? Explain.

Intellectual Development Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ Piaget defined a *schema* as
A. a mental pattern.
B. a plan of action.
C. nonreversible thinking.
D. transductive reasoning.

2. ______ A child rides on a bicycle with her daddy. She later tells him, "Ride car," while pointing to the bicycle. This would be an example of
A. transductive reasoning.
B. accommodation.
C. egocentrism.
D. assimilation.

3. ______ Jesse has been calling all eating utensils spoons. When he is given a fork to eat with, he learns to use the word "fork." Later he points to a kitchen drawer and says, "Silverware." This is an example of
A. transductive reasoning.
B. accommodation.
C. egocentrism.
D. assimilation.

4. ______ Kim drops a toy over the side of her crib. She crawls to the spot where she dropped it and looks at the toy on the floor. This baby has begun to develop
A. object permanence.
B. classification skills.
C. transductive reasoning.
D. reversibility.

5. ______ The stage in which a child develops the ability to reverse her thinking is
A. sensorimotor.
B. formal operations.
C. preoperational.
D. concrete operations.

6. ______ The state in which a child learns to act intentionally to make something happen is
A. sensorimotor.
B. formal operations.
C. preoperational.
D. concrete operations.

7. ______ Martin, age two and one-half, said, "It's cold because we have to wear our sweaters outside." This statement shows
A. logical thinking.
B. deductive thinking.
C. transductive reasoning.
D. inductive reasoning.

8. ______ The following sequence that accurately represents the infant's behavior in the sensorimotor stage is:
A. experiments with the environment, applies reflexes, solves problems.
B. repeats behaviors, acts intentionally, develops object permanence.
C. realizes that behaviors produce results, begins symbolic thinking, repeats behaviors.
D. acts intentionally, begins symbolic thinking, applies reflexes.

9. ______ When Piaget says that children are egocentric, he means the children
A. see the world in terms of how it affects them.
B. are basically selfish and can't share.
C. think highly of themselves.
D. are attached to their parents.

10. ______ A caregiver who promotes cognitive development would *not*
A. play hide-and-seek games with infants.
B. talk about what the child might be observing.
C. provide materials which would encourage imitation.
D. show the child how to solve a problem.

11. ______ A toy which would promote the understanding of cause and effect would be a
A. baby doll with curly hair.
B. mirror.
C. helium balloon on a string.
D. storybook about animals.

12. ______ The most important element in language development is being
A. rewarded by adults for language usage.
B. exposed to language at an early age.
C. able to imitate adult speech with correct pronounciation.
D. able to hear and speak.

13. ______ The following sequence which accurately represents the acquisition of language is:
A. cooing, telegraphic speech, two-word sentences.
B. one-word sentences, babbling, using questions.
C. naming pictures, understanding words, using sentences of more than two words.
D. using pronouns correctly, having a 50-word vocabulary, asking questions.

14. ______ The theory of language acquisition which offers the most likely explanation is
A. imitation.
B. reinforcement.
C. innate mental structures.
D. infant-adult interactions.

15. ______ Carol, a 14-month-old, is exploring a container of plastic cookie cutters. She looks over at Phillip, her caregiver, and holds up a cookie cutter for him to see. To promote language development, Phillip might say,
A. "Oh, Carol, we need to check your diaper."
B. "Let Alfonso share those with you."
C. "Put that in the bucket, Carol."
D. "Carol has a cookie cutter shaped like a star."

16. ______ When sharing a book with an infant, you would *not*
A. point to and name objects.
B. use books with actions that go along with the story.
C. keep the child with you until you finish the book.
D. make animal noises while looking at a book about pets.

17. ______ One of the best ways to promote language development in bilingual infants and toddlers is to
A. have caregivers speak only English.
B. have each caregiver speak only one of the two languages.
C. invite the parents or guardians of the bilingual child to visit your room often.
D. label all the objects in the room with signs in both languages.

18. ______ *Creativity* can be defined as
A. the use of materials or ideas in unique ways.
B. being able to create realistic drawings.
C. the ability to solve problems and arrive at the correct answer.
D. using art supplies correctly.

19. ______ The scene which describes a creative experience is:
A. "We're going to make clowns today. Here's a paper plate and some eyes, mouths, and noses. Glue them on the plate." The toddlers make the clowns and the caregiver hangs them on the wall.
B. The toddlers are dancing to music with scarves. Santos goes to the nature table and takes a newly-cut tree branch with leaves. "The wind blows me," he says as he waves the branch and moves to the music.
C. Mitzi plays some action songs for the toddlers. They clap and jump during the songs when the song says to. They laugh and enjoy the actions.
D. Floyd uses two hand puppets to act out the story of Jack and Jill for two infants. He repeats the nursery rhyme and acts out the story. The infants smile and watch closely.

20. ______ When interacting with infants and toddlers to promote creative expression, you would
A. expect everyone to do the same thing.
B. ask a toddler who is scribbling, "What is that?"
C. be sure everyone uses the toys and equipment in the intended way.
D. provide a variety of materials to be used freely.

21. ______ The characteristic a gifted or talented toddler would probably *not* have would be

A. rapid development.
B. skipping some substages.
C. more sensitivity to the feelings of others.
D. poor physical development.

22. ______ Jorita, a caregiver, has recently received a toddler whose speech is difficult to understand. She would

A. correct mispronunciations gently.
B. use a louder voice when talking with the child.
C. be a responsive listener and not interrupt the child.
D. not respond to poorly pronounced words, but only to correctly pronounced words.

DIRECTIONS

For Items 23-25 write a short essay.

23. Describe a game that a caregiver could use to promote classification skills in older toddlers.

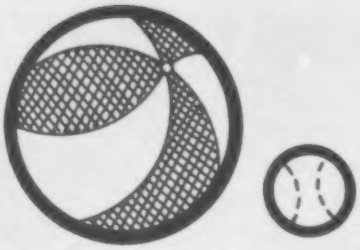
24. Describe ways that caregivers promote creativity.

25. Write down one action rhyme or finger play appropriate for infants, and one appropriate for toddlers. Explain how these promote language.

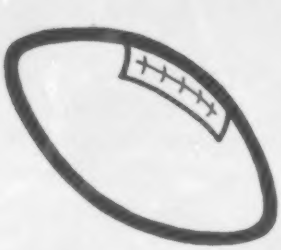
Transparency and Handout Masters

PAGE	TITLE
70	Assimilation
71	Accommodation
72	The Sensorimotor Period
73	Object Permanence
74	The Preoperational Period
75	Theories of Language Development
76	Sequence of Language Acquisition
77	Areas of Creativity
78	Sharing and Reading

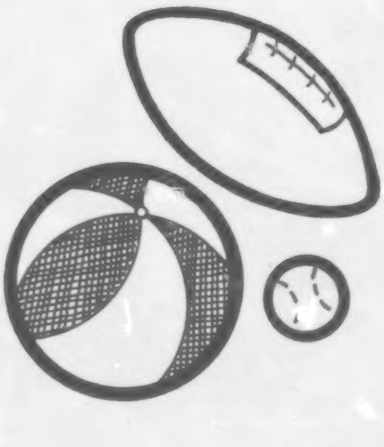
Assimilation



Child has a concept for "ball" which fits all the balls the child has seen so far.

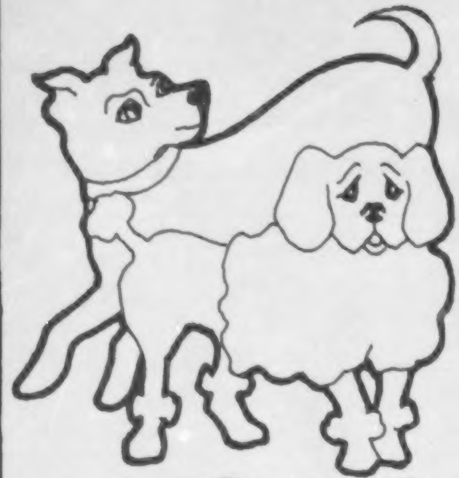


The child sees a football for the first time.

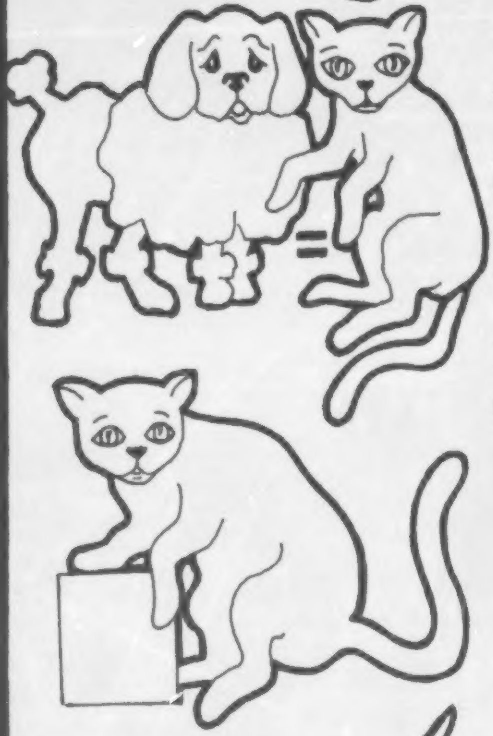


The football matches the "ball" concept, so the child adds it to the concept of ball.

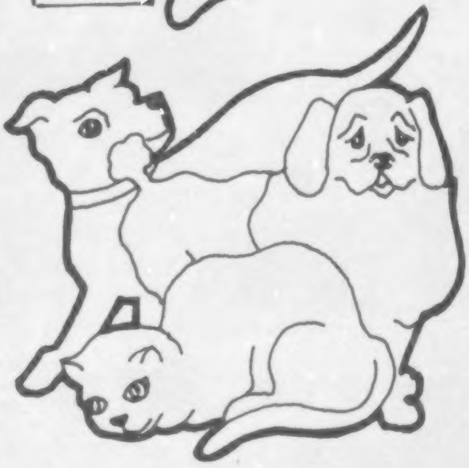
Accommodation



The child has a concept for "dog" that includes all animals with four legs.



The child sees a cat for the first time and calls it a "dog." When the child realizes the cat doesn't fit "dog," the child may create a new category for "cat."



A better choice for the child would be to create a super-concept, or a broader category, which would include both the cat and the dog—such as "animal."

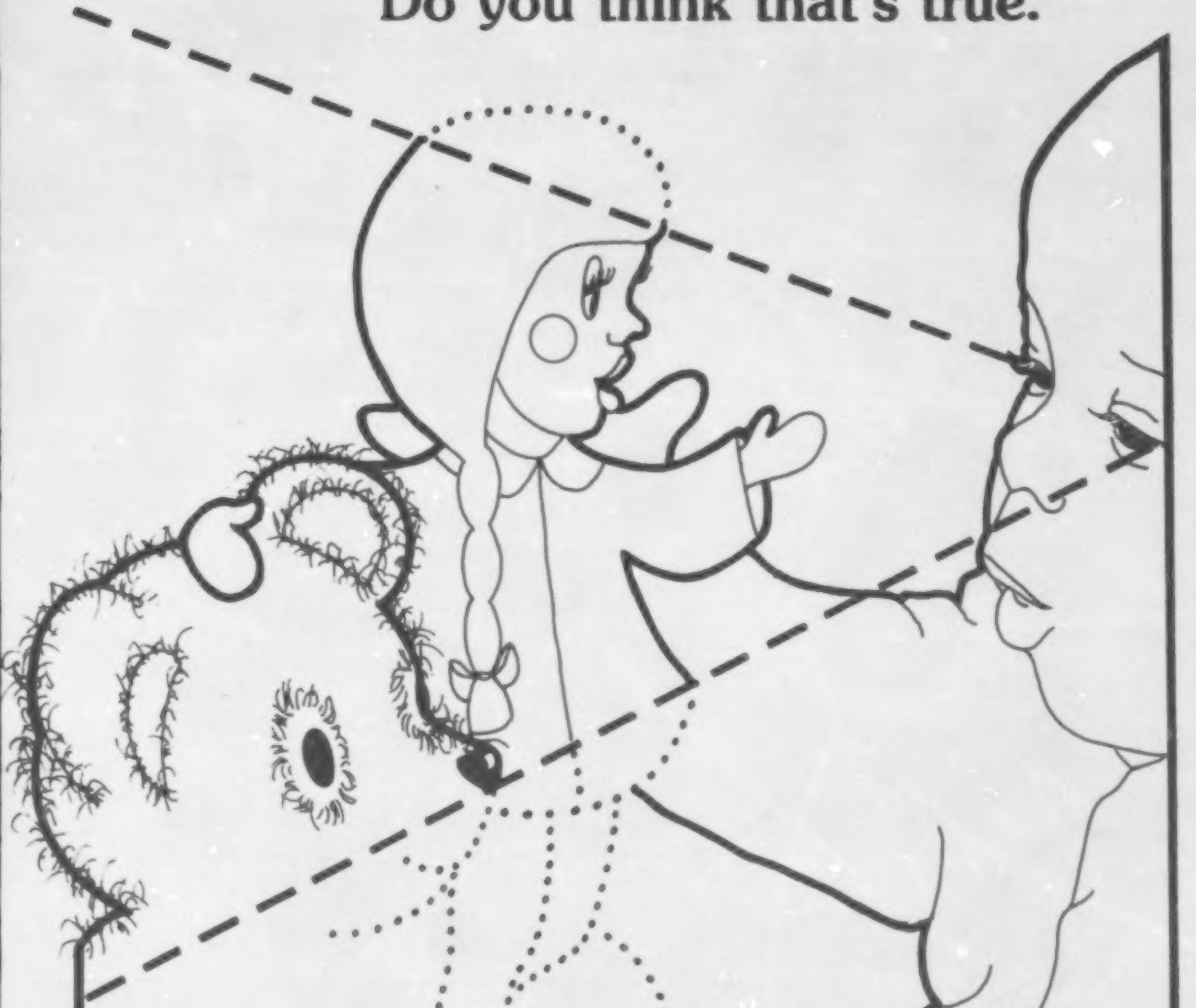
The Sensorimotor Period

Age Ranges	Behaviors
	1
1-2 Months	Applies Reflexes.
	2
1-4 Months	Through accidental events learns to repeat behaviors.
	3
3-9 Months	Circular reactions occur. Acts intentionally to produce results. Searches visually for hidden object.
	4
8-16 Months	Coordinates behaviors. Begins problem solving. Finds partially-hidden objects.
	5
12-18 Months	Explores and experiments with environment. Finds a hidden object. Separates self from objects.
	6
15-24 Months	Solves problems by thinking. Begins symbolic thought. Has fully-developed object concepts.

OBJECT PERMANENCE

"I heard that what a baby can't see doesn't exist."

"Do you think that's true."

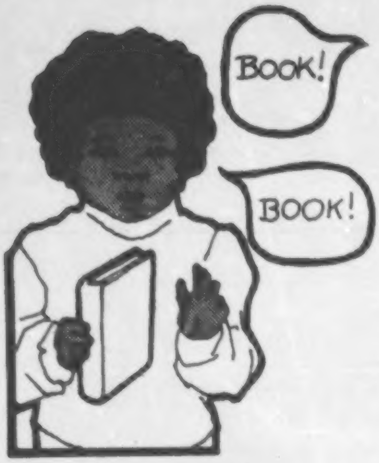


The Preoperational Period

From Age Two to Six

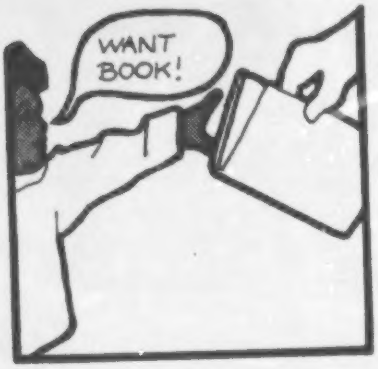
Symbolizing	Objects and actions can be internally symbolized in mental pictures and words.
Reasoning	Reasoning influenced by wants and desires. Reasons from the specific to the specific or transductively.
Egocentrism	Child is interested in self. Views things from a perspective of how self is affected.
Classification	Child can reason only forward, from the beginning to the end. Cannot think in reverse.
Nonreversibility	Begins grouping or organizing classes of objects. Progresses rapidly in classification skills. Groups objects based on shared characteristics.

Theories of Language Development



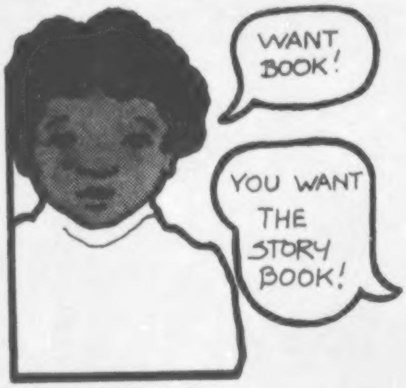
Imitation

Child imitates the language that is heard.



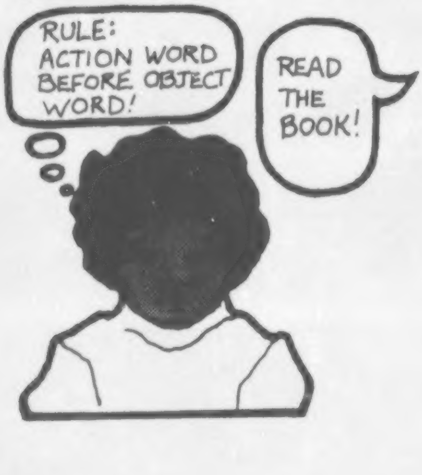
Reinforcement

Child is rewarded for correct language usage.


WANT BOOK!
YOU WANT THE STORY BOOK!

Infant-Adult Interactions

Adult modifies his or her speech by simplifying and expanding.


RULE: ACTION WORD BEFORE OBJECT WORD!
READ THE BOOK!

Innate Mental Structure

Child has inborn "Language Acquisition Device" which analyzes the language heard.

Hears words → L.A.D. → Rules

Sequence of Language Acquisition

Language Behaviors

Cries, moves, and uses facial expressions to communicate
Responds to singing or music
Vocalizes by cooing and gurgling when satisfied and comfortable
Interacts with adults by smiling and increasing sounds
0 - 6 Months
Vocalizes more when someone repeats the infant's own sounds
Copies adult mouth movements
Makes some chuckling sounds
Turns head to follow person who is talking
Responds to own name

Babbles, using consonant-like sounds (da, ma)
Appears to try to "talk" by putting more emphasis on some sounds than others

Tries to imitate some adult sounds
6 - 12 Month
Repeats syllables, making sounds like words (dadada or mama)
Understands some words, such as "go" or "daddy"
Gestures to express self. Holds out arms to be picked up
Babbles some, but copies more adult intonation

Tugs at adult to show something
Gestures and uses words to express wants

Attempts to carry out simple commands
12 - 18 Months
Can point to at least two or three body parts
Enjoys listening to short, familiar stories
Can name pictures of three to six familiar objects
Can correctly use from three to 50 words
Uses two-word sentences

Uses "my" or "mine" to show possession
Talks to self

18 - 24 Months
Uses own name in referring to self
Repeats what others say

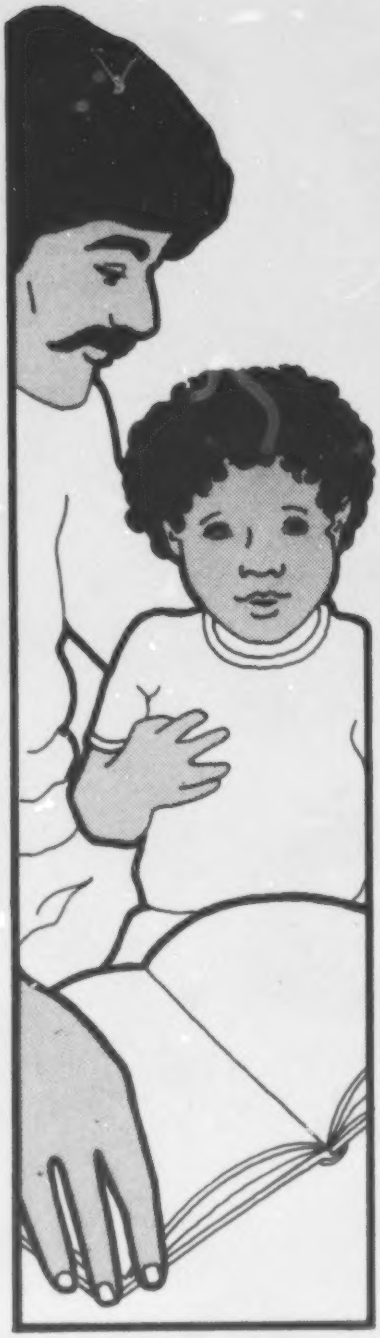
Follows instructions using position words, such as "in," "out," "over," "under," etc.
24 - 36 Months
Frustrated if not understood

Uses words correctly
Uses short sentences of more than two words
Uses pronouns correctly. "I like you" instead of "'Me like you."

Areas of Creativity

Art
Dramatic Play
Language Use
Problem Solving
Music and Rhythm
Movement

Sharing and Reading Books



SHARING PICTURE BOOKS

Share books with one or two children sitting in your lap or beside you in a comfortable spot. Rocking chairs are great places to cuddle up with an infant or toddler and a book.

Talk about the pictures. Name familiar objects and point to them.

Share books that ask for some action on the part of the child.

Change your voice tone, or make noises to go along with the pictures in the book.

Let the baby turn the pages.

Ask the infant or toddler to point to familiar objects.

When the infant or toddler by wiggling or trying to get up shows you that the book is no longer interesting, end the session with a hug and let the child move to another activity.

Leave picture books out so that infants and toddlers can look at them on their own.

READING STORYBOOKS

Reading books with a story is quite enjoyable for toddlers. Start with stories that are simple, only one or two lines per page.

Read at times when toddlers are relaxed and quiet, before and after naps, or before meals.

Toddlers love to hear favorite stories over and over again.

Be prepared to get caught if you skip sentences or try to shorten a well-loved story. Some toddlers can quote word-for-word the sentence you left out!

Older toddlers can enjoy a story which is longer.

Older toddlers might be read to in a small group. Hold the book so that everyone can see and you can read at the same time.

Leave the storybooks in a quiet area of the room so that toddlers can "read" the books independently or to each other.

Performance Objectives

Social and Emotional Development

Unit IV

Principles

- Explain the developmental theory of Erik Erikson, including the first two stages of man: trust versus mistrust and autonomy versus shame and doubt.
- Discuss attachment relationships of infants and toddlers.
- Describe the prosocial behaviors that infants and toddlers are capable of exhibiting.
- Explain the development of self-concept in the child.
- Identify the possible causes of stress or emotional upset in infants and toddlers.
- Explain how infants and toddlers can acquire coping strategies to deal with stress.
- Discuss the child's development of independence.
- List reasons why good parent-caregiver communication is essential to healthy social and emotional development
- Describe special social and emotional factors which affect the handicapped infant or toddler.

Promoting Development

- Provide a consistent caregiving environment in which infants and toddlers feel secure.
- Provide age-appropriate materials and experiences which assist infants and toddlers in gaining independence and self-mastery.
- Provide age-appropriate materials and experiences which foster positive self-concepts, ethnic pride and understanding, and appropriate sex identification in infants and toddlers.
- Model and encourage prosocial behaviors.
- Communicate daily with parents to find out how to meet the needs of each infant and toddler.
- Encourage infants and toddlers to identify and express their emotions in acceptable ways.

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Suggested Classroom Experiences

Principles

OBJECTIVE

Explain the developmental theory of Erik Erikson, including the first two stages of man: trust versus mistrust and autonomy versus shame and doubt.

TRANSPARENCY: View the transparency, p. 94, which summarizes Erik Erikson's stages of personality development. Point out that the first two stages of man according to Erikson are the ones which most concern caregivers of infants and toddlers. Erikson views each stage as a set of conflicts which, if successfully resolved, results in positive personality attainments. For example, in the first stage if the infant is cared for and responded to appropriately, he learns to trust the world and his caregivers. If the infant's needs are not met consistently, then mistrust becomes a part of the infant's personality. [NOTE: See references at the beginning of the unit.]

DISCUSSION: Discuss Lab Experience 24. Ask the students to talk about their observations of different caregivers. [NOTE: Take care not to allow the students to discuss names or identifying characteristics of the caregivers observed.]

HANDOUT: Share the handout, p. 95, which summarizes several accounts of feral children, or children who had been living in the wild. After the students have read the accounts, discuss some of the following questions related to social and emotional development. Key Questions: In what ways did the environment affect the children's development? Why were attachment relationships slow to form? Where were these children in terms of Erikson's stages? Were these children mentally retarded to begin with? What would have happened if these children had continued to live in the wild?

OBJECTIVE

Discuss attachment relationships of infants and toddlers.

LECTURE: Define *attachment* as a relationship in which individuals are dependent upon each other and strongly tied emotionally. Key Question: Why do human babies need to be attached to a single caregiver? Discuss the idea of reciprocal interactions between the adult and child. Explain that the infant needs a consistent partner in order to make sense of the world. Usually, the mother is the primary attachment figure and the child maintains this attachment throughout the preschool years. [NOTE: See references at the beginning of the unit.] How does the infant or toddler show attachment?

DISCUSSION: Find out what the class knows about separation anxiety and the fear of strangers in infants and toddlers. Define these terms and note characteristic behaviors. Discuss Lab Experience 25. Point out that these behaviors are normal, and they are related to the child's attachment relationship as well as to cognitive development. [NOTE: See the references at the beginning of the unit.]

OBJECTIVE

Describe the prosocial behaviors that infants and toddlers are capable of exhibiting.

TRANSPARENCY: View the transparency, p. 96, which illustrates some prosocial behaviors found in toddlers. *Prosocial behaviors* are defined as behaviors done for the benefit of others.

LECTURE: Explain that part of gaining self-identity is learning possessiveness. At one point toddlers learn and use the words "me" and "mine." For this reason, sharing is difficult. Key Questions: What caregiver responses or plans help toddlers maintain a sense of possessiveness and at the same time encourage sharing? At what age can toddlers share? How do they share?

OBJECTIVE

Explain the development of self-concept in the child.

DEMONSTRATION: Arrange to have some infants between six and 12 months of age visit the class. Have a mirror, securely placed, and a small hat. Initiate some interactions with the infants using the mirror and the hat. Ask the students to observe and note the behaviors of the infants as you interact. Afterwards, discuss the reactions of the infants to seeing their images in the mirror with and without the hat. [NOTE: At about 10 months of age infants can recognize themselves in the mirror.]

LECTURE: Use the analogy of the mirror to help students understand that infants and toddlers look to the significant others in their lives as a reflection of what they should be and what they are. Children will reflect what is seen in the behaviors and attitudes of the caregivers by incorporating these behaviors and attitudes into their own personalities.

POSTERS: Discuss the question of whether sex-related traits are learned or inherited. [Preparation: On one poster board list several stereotyped female traits, such as "nurturant," "passive," "verbal," etc. On another poster board list several male stereotyped traits such as "active," "aggressive," "intelligent," etc.] Discuss each behavior. Key Questions: How are these behaviors developed? Are they innate or learned? Discuss each behavior and decide if the trait is learned or inherited. If it is learned, how is it learned? Those behaviors that are learned should be marked with a star or crossed off the list. Then explain that current research suggests that only one trait seems to be innate and that is the tendency for males in general to be more aggressive. [NOTE: This is probably due to the male sex hormone, testosterone. All other traits seem to be socially learned.] Illustrate this concept by crossing off all the learned traits, leaving only the trait "aggressive" on the poster.

DISCUSSION: Describe two situations to the class involving an infant's or toddler's genital explorations. In one case the caregiver shakes the head "no" and removes the infant's hands. In the other, the caregiver smiles and tells the infant the name of that body part. Key Question: What message is each caregiver sending? Point out that a child's sexual awareness begins in infancy, and caregiver reactions to this natural exploration have far-reaching effects on what the child will think and feel about sexuality.

OBJECTIVES

Identify the possible causes of stress or emotional upset in infants and toddlers.

Explain how infants and toddlers can acquire coping strategies to deal with stress.

DISCUSSION: Conduct a class discussion around the question, "Why do infants and toddlers cry?" Explore the various causes of infant and toddler distress. List these on the chalkboard. Point out that crying and other behaviors are ways in which infants and toddlers communicate their needs.

TRANSPARENCY: View the transparency, p. 97, which illustrates an infant's comfort habits. Discuss the children's needs to learn ways to handle frustrations in life. Comfort habits are a natural and healthy way for children to cope with frustration, fatigue, and emotional upsets. Contrary to popular opinion, thumbsucking is not bad for the child's mouth unless the child is still doing so after age six or seven years. Key Questions: When have you noticed infants or toddlers using comfort habits? What other behaviors do infants and toddlers use to cope?

OBJECTIVE

Discuss the child's development of independence.

TRANSPARENCY: View the transparency, p. 98, which depicts some of the behaviors infants and toddlers exhibit when striving for independence. Explain to the students the importance of caregivers responding positively to children's attempts at independence. Discuss each of these behaviors.

LECTURE: Discuss with the class some toddler behaviors which are sometimes called contrary or negative behaviors, which try the patience of parent and caregivers alike. Toddlers are simply asserting themselves by saying "No" to any question, by doing the opposite of what has been asked, or by dawdling. Key Question: How can caregivers respond appropriately to these behaviors? [NOTE: See references at the beginning of the unit.]

OBJECTIVE

List reasons why good parent-caregiver communication is essential to healthy social and emotional development.

CHARTS: Divide the class into small groups. Ask each group to list on a large sheet of paper or poster board reasons why it is important for caregivers to communicate effectively with parents. After the groups are finished, let one member of each group share the list.

DISCUSSION: Key Question: What kinds of information can caregivers receive from parents which promote emotional health in the infant or toddler? List these on the chalkboard. [NOTE: For example, caregivers can learn if the child slept well, if there has been an unusual event in the child's life, or if the child has certain preferred comfort habits.]

ROLE PLAY: Discuss how many times parents are too rushed to volunteer information and caregivers must seek the information. Using the list from the activity above, ask students to role play a conversation with a parent in which they are trying to find out some information from the parent. For example, how could a caregiver find out in a tactful way if the child slept well or if there were unusual events in the child's life?

OBJECTIVE

Describe special social and emotional factors which affect the handicapped infant or toddler.

DISCUSSION: Key Question: How would the reciprocal relationship between an infant and caregiver be influenced by deafness in the infant? [NOTE: For deaf infants, visual signals are available and the infant appears to be normal at first. In fact, many parents may not know the infant is deaf. Later, the expectations for the infant to respond to verbal communication are not met. Once diagnosed, caregivers learn to adapt their patterns of communication. See references at the beginning of the unit.]

DISCUSSION: Key Question: How would the reciprocal relationship between an infant and caregiver be influenced by blindness in the infant? [NOTE: The blind infant, lacking visual signals and unable to respond to smiling, may appear unresponsive. The challenge is to learn nonvisual ways of communicating. See references at the beginning of the unit.]

Promoting Development

OBJECTIVE

Provide a consistent caregiving environment in which infants and toddlers feel secure.

CHARTS: Divide the class into small groups. Ask each group to prepare a list of caregiver behaviors which help children adjust to daily separations from the parent. Make another list of parent behaviors that are helpful.

DEBATE: Select two teams of four or five students each. The rest of the class will be judges. One team will support the concept that, "Immediately responding to an infant's crying will spoil the infant." The other team must argue the opposite point of view. Give each team time to prepare their statements, being sure they can't be overheard by each other or the judges. [NOTE: This can be a *planned debate* where the two teams have time between classes to research the topic, or an *impromptu debate* where the planning session will last only 10 or 15 minutes during class.] Bring the two teams together. A spokesperson from each team will deliver the team's statement or argument during a five-minute period. Another short planning session is conducted in which each team plans a rebuttal to the opposing side. Finally, each team responds through a spokesperson to the other side's opening statement. The judges then indicate by ballot which team they believe had the best and most convincing case.

LECTURE: Discuss the chosen answer to the question of whether to respond immediately to an infant's crying. Research has shown that infants eventually cry less if they are responded to immediately and consistently from birth onward. Immediate response supports the infant's developing sense of trust. [NOTE: See references at the beginning of the unit.]

FILM: View a film which illustrates interactions of caregivers, infants, and toddlers. Discuss how caregivers can provide a consistent caregiving environment. [NOTE: See references at the beginning of the unit.]

OBJECTIVE

Provide age-appropriate materials and experiences which assist infants and toddlers in gaining independence and self-mastery.

HANDOUT: Give the students a copy of the handout, p. 99, which summarizes various methods and materials caregivers can use to foster independence in infants and toddlers.

DEMONSTRATION: Bring to class a display of toddler clothing. [NOTE: Students can help by bringing some articles.] Examine each article for self-help features, that is, features which allow a toddler to dress and undress independently. Key Questions: What features can toddlers manage themselves? What features require a caregiver's help? Point out that the children do not select their clothing so it is inappropriate to criticize a child's clothing. In almost any dressing situation, toddlers can do some of the work themselves. Discuss ways to show toddlers how to manage different items of clothing on their own.

HANDOUT: Give the students a copy of the handout, p. 100, which summarizes some techniques that caregivers can use to promote good toileting habits. Then discuss Lab Experience 27. Key Question: What techniques on the handout were used by the toddlers and caregivers you observed?

OBJECTIVE

Provide age-appropriate materials and experiences which foster positive self-concepts, ethnic pride and understanding, and appropriate sex identification in infants and toddlers.

DISCUSSION: Use a visual of the word "nurture" to support a discussion of this term. [Preparation: Using poster board, draw and cut out large letters that spell the word "nurture." On the back of each letter secure some tape or strips of poster board to make the letters stand independently.] Display the word "nurture" by taping the letters to the chalkboard or by standing the letters on a table or desk. Ask the students to define the word. Key Questions: What does it mean when a caregiver nurtures a child? How do we demonstrate nurturance? Give examples. Write these examples on the chalkboard. Explain that nurturing an infant or toddlers is one of the most effective ways to promote a positive self-concept and a healthy sense of independence. Key Question: Why is this so?

DEMONSTRATION: Ask the students to bring to class materials which would foster positive self-concepts in infants and toddlers. They might bring picture books showing men and women in equally valuable roles, or pictures of different ethnic groups. They might bring challenging puzzles or other manipulative toys that provide infants and toddlers with successful experiences. Other items might be mirrors, dolls of different ethnic groups, etc. Display all the items and discuss how these materials promote positive self-concepts.

ACTIVITY FILE: Ask students to think of or find suggested experiences which would promote social and emotional development in infants and toddlers. Students can record the suggestions on the "Infant or Toddler Experience Plan" form, p. 24. Provide class time for students to evaluate and exchange experience plans. They might have ideas for promoting self-concepts and body awareness; identifying feelings; gaining independence and self-mastery, sex identification, or ethnic identification and understanding.

OBJECTIVE

Model and encourage prosocial behaviors.

TRANSPARENCY: View the transparency, p. 101, which illustrates the powerful impact of modeling on social behaviors. Point out that both positive and negative behaviors are modeled. Key Question: What behaviors have you seen in caregivers which are imitated by children?

DISCUSSION: Ask students to suggest specific prosocial behaviors which caregivers can exhibit to promote prosocial behaviors in toddlers. List these on the chalkboard.

OBJECTIVE

Communicate daily with parents to find out how to meet the needs of each infant or toddler.

ROLE PLAY: Ask the students to think of specific situations in which caregivers and parents are exchanging information about the child. For example, a parent might say, "I'm so concerned about Lee. Every morning he cries so and clings to me. What can we do?" or "Susie fell out of her chair this morning. She has a bump here on the back of her head," or "Zack is so excited He's going to his grandparents' house this weekend." Write down the situations and collect them. Mix the slips of paper and distribute to pairs of students. Ask the students to role play the situation, one being the parent, one the caregiver. Discuss how communication with parents helps caregivers provide quality care.

OBJECTIVE

Encourage infants and toddlers to identify and express their emotions in acceptable ways.

PICTURES: Use pictures to facilitate a discussion of emotions. [Preparation: Find pictures of people showing different emotional expressions or behaviors. Mount them on poster board.] With the class discuss each picture. Key Questions: What feelings are being shown? How can you tell? Point out that learning to label feelings in yourself and others is a major task for young children. For toddlers, it is difficult to take the perspective of another person, but with a caregiver's help, they can learn to identify their own feelings. Key Question: How can caregivers help children identify their feelings?

DISCUSSION: Ask the students to tell when they last felt excited, delighted gleeful, or exuberant. Point out that these are common feelings in infants and toddlers. Key Questions: When and how do infants and toddlers express their excitement or delight? As children grow up, why are these moments less common? What can caregivers do to encourage these happy expressions?

Social and Emotional Development Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ According to Erikson a child who is *not* successful in resolving the conflict of the first stage will have a sense of
A. trust.
B. mistrust.
C. autonomy.
D. doubt.

2. ______ A child who resolves the second stage of personality development successfully would gain a sense of
A. trust.
B. mistrust.
C. autonomy.
D. doubt.

3. ______ Some feral children exhibit animal-like behaviors because
A. human beings are more like animals to begin with.
B. they fear human society.
C. they were born mentally handicapped.
D. they have learned them through modeling.

4. ______ An infant shows attachment to a caregiver or parent by
A. playing quietly when the adult leaves.
B. running away when the adult returns.
C. resisting being held by the adult.
D. clinging to the adult.

5. ______ An infant becomes securely attached to an adult who
A. responds consistently to the child's needs.
B. frequently leaves the child with strangers.
C. allows the child to "cry it out."
D. gives the child toys to play with.

6. ______ A prosocial behavior that you are *not* likely to find in toddlers is
A. sharing toys.
B. helping one another.
C. having good table manners.
D. giving comfort.

7. ______ Often infants and toddlers treat each other harshly because they
A. want to hurt the other child.
B. see other children more as objects than as people.
C. are seeking attention from their caregivers.
D. are not capable of showing kindness.

8. ______ A toddler's possessivensss is a sign that the child
A. is being selfish.
B. doesn't know how to share.
C. is becoming aggressive.
D. sees herself as an individual.

9. ______ Prosocial behaviors are learned most effectively through
A. modeling others.
B. carefully planned activities.
C. instruction.
D. reading stories.

10. ______ Lua is sitting quietly on the side of the sand box watching some other toddlers play with trucks. Her caregiver invites her to join the group. Lua says, "Girls don't play with trucks." Lua's sex role concept is probably
A. common to most girls.
B. inherited.
C. learned.
D. normal for her age.

11. ______ A sex-stereotyped trait which seems to result from a real sex difference is
A. intelligence.
B. aggression.
C. nurturance.
D. dependence.

12. ______ An infant's or toddler's self-concept is most greatly influenced by
A. the child's physical appearance.
B. what other children think of the child.
C. the child's cognitive development.
D. how significant others see the child.

13. ______ When promoting positive self-concepts in children, the caregiver would
A. use negative language to guide children.
B. let children know that their behaviors are appropriate.
C. help children do things that are too difficult for them.
D. correct the child when modeling inappropriate behavior.

14. ______ A caregiver could foster ethnic pride and understanding by
A. ignoring the differences between children.
B. calling attention to the ethnic differences when visitors come.
C. sharing books which present ethnic groups favorably.
D. being more responsive to children of minority groups.

15. ______ Comfort habits of infants and toddlers, such as thumbsucking and hair twirling, should be
A. considered normal and acceptable.
B. discouraged gently.
C. considered harmful, emotional crutches.
D. stopped immediately.

16. ______ Eight-month-old Billy is crying hard just after waking from his nap. In order to help the child cope with emotional upset the caregiver would

A. call to Billy and ask him to stop crying.
B. let Billy cry a few minutes to see if he will stop on his own.
C. go at once to find the cause of distress, and comfort him.
D. ask Billy to use a quiet voice inside.

17. ______ The relationship between a caregiver and a blind infant is challenging because

A. blind infants cry more often.
B. the caregiver will need to train the infant to use both small and large muscles.
C. special equipment must be used.
D. the infant may appear unresponsive to the caregiver.

18. ______ A parent explains to the caregiver that his baby likes to have her diaper changed in a certain way. He demonstrates this for the caregiver. A responsive caregiver would say,

A. "I've been changing diapers for years and I know how by now."
B. "Your baby likes that method. I'll try to use it from now on."
C. "I've tried that way before and it usually doesn't work with her."
D. "When I change her using my method she doesn't seem to mind."

19. ______ The caregiver who best illustrates the way to promote independence in a toddler is

A. Jenny: Ruby is learning to use the toilet. Every 15 minutes or so, Jenny asks her if she needs to use the toilet. Every half-hour she takes Ruby to the bathroom to sit for a while. For the last three days, Ruby hasn't wet her pants.
B. Samina: During snack Justin accidentally spills juice all over his pants. Samina sits close to Justin and asks him if he would like to change pants first or clean up the spill. Justin chooses to change pants which he does without help. He then asks Samina for the paper towel and cleans up the spill.
C. Glenn: When Tonya finishes water play, Glenn removes her apron and hangs it on the peg. Tonya tries to mop up some water but isn't very efficient. Glenn says, "Let me get that spill up before you slip."
D. Doug: Doug has brought a new manipulative toy to introduce to the group of toddlers. He works with Amy and Byron and tells them what to do and how to put the pieces together. He guides Amy's hand to help her put the pieces together.

20. ______ Contrary or negative behaviors in toddlers, such as saying "no," result from the toddler's

A. stubborn personality.
B. being around negative adults.
C. struggle for independence.
D. imitating other toddlers.

21. ______ Toileting skills develop most successfully in the toddler who is

A. at least two years old.
B. over three years old.
C. at least 18 months old.
D. close to one year old.

22. ______ When guiding toddlers to use the toilet independently it is *not* wise to

A. tell the child you are disappointed with wet pants.
B. praise the child when she is successful.
C. be sure the child wears clothing that is easy to manage.
D. tell the child what you want her to do.

DIRECTIONS

For Items 23-25 write a short essay.

23. List several reasons why it is important for caregivers of infants and toddlers to communicate effectively with parents.

24. List ways caregivers can help an infant or toddler who is experiencing separation anxiety.

25. Timmy, a 26-month-old, has been fussy and easily upset most of the morning. Suggest ways that a caregiver could interact with Timmy to help him understand and express his feelings in acceptable ways and begin to gain self-control.

Transparency and Handout Masters

PAGE TITLE
94 Erik Erikson's Eight Stages of Personality Development
95 Feral Children
96 Prosocial Behaviors
97 Self-Comfort For Infants and Toddlers
98 Gaining Independence
99 Promoting Independence
100 Learning to Toilet
101 Modeling

Erik Erikson's Eight Stages of Personality Development

Infants	Trust vs. Mistrust
Toddlers	Autonomy vs Shame and Doubt
Preschoolers	Initiative vs. Guilt
School-Age	Industry vs. Inferiority
Adolescents	Identify vs. Role Confusion
Early Adult	Intimacy vs. Isolation
Middle Adult	Generativity vs. Stagnation
Older Adult	Ego Integrity vs. Despair

Feral Children

AMALA AND KAMALA

Feral children are believed to have spent a part of their formative years isolated from human society. In some cases, the children appear to have lived in complete isolation. In other cases, the children were "raised" in the company of animals. These include reports of children found with bears, sheep, cows, leopards, gazelles, monkeys, and, most frequently, with wolves. Whether these accounts are true is still questionable.

One of the most authentic accounts concerned the Wild Boy of Aveyron. This boy, about eleven years old, was found in a wooded area of Aveyron, France in 1800. His behaviors and physical appearance suggested he had been living this way for years, perhaps since the age of five. Victor, as he was named, was taken to Paris. There Dr. Itard, at the institute for the deaf, began working with him.

As a result of his life in the wild, Victor seemed unaffected by heat or cold. He ate only nuts and vegetables. He could not speak and it was assumed he was deaf. Later it was learned he could hear, but Itard's efforts to teach him to speak were unsuccessful. He was never able to gain freedom in society and died at the age of 40.

Another case involved the Wolf-Children of Midnapore, India. Two girls, ages one-and-a-half and eight, were found living with wolves. They exhibited many wolf-like behaviors. They ran on all fours and could not walk. They preferred raw meat. Their eyes were said to glow in the dark. They liked dark places. They were unaffected by heat or cold. Their only sounds were wolf-like howls and cries. The girls were taken to an orphanage where the Reverend Singh tried to rehabilitate them. The younger girl, Amala, died within a year but the older girl, Kamala, learned to walk upright and speak some before her death at age 17.

In both cases these children slowly formed attachments to the women who fed and nurtured them even though they found human contact unpleasant at first. They learned, and made some progress toward socialization; but never fully recovered from their earlier experiences.

More details about these cases can be found in the following references:

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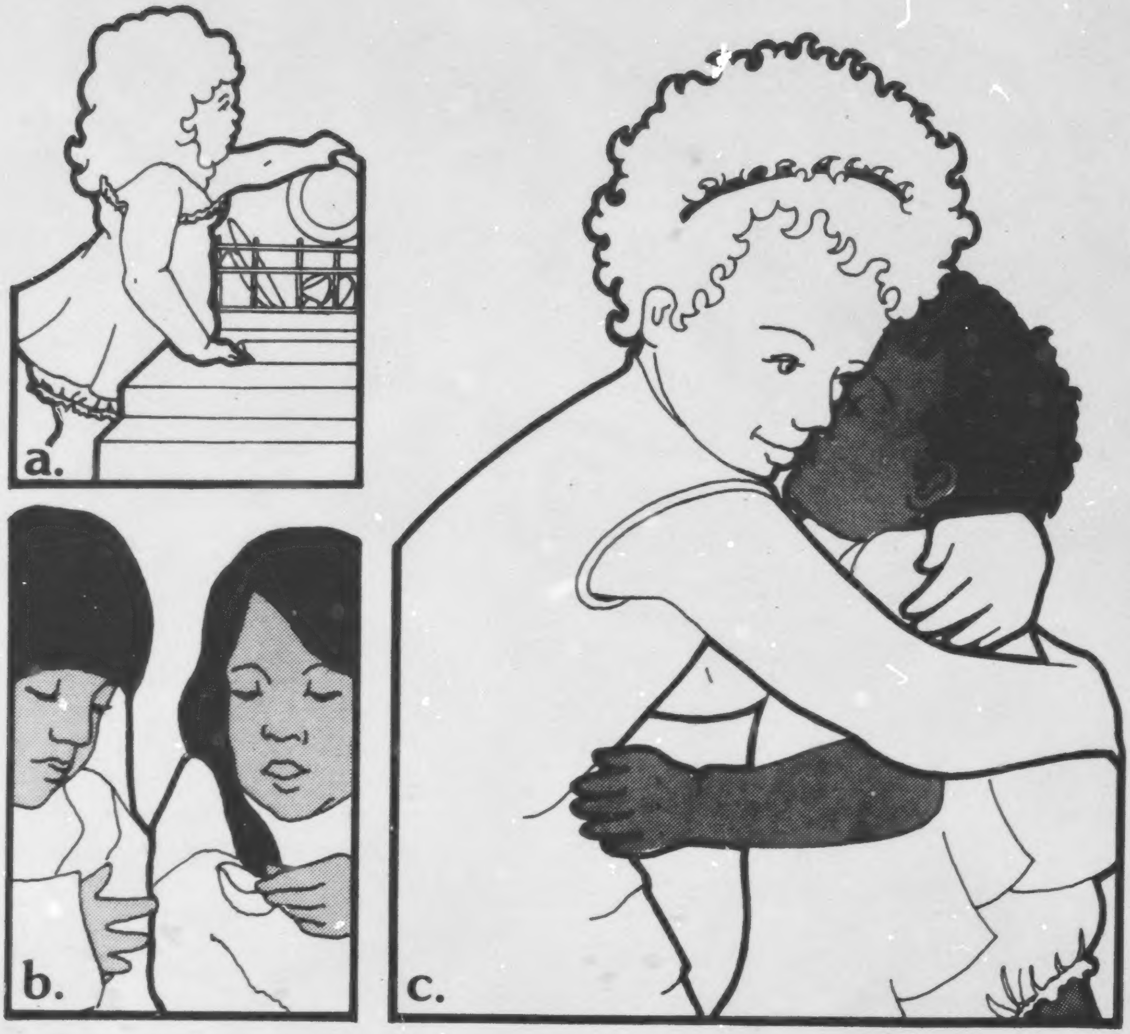
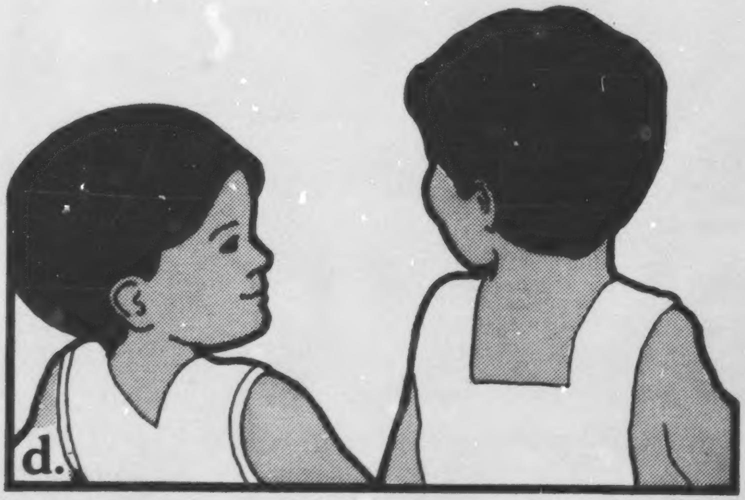
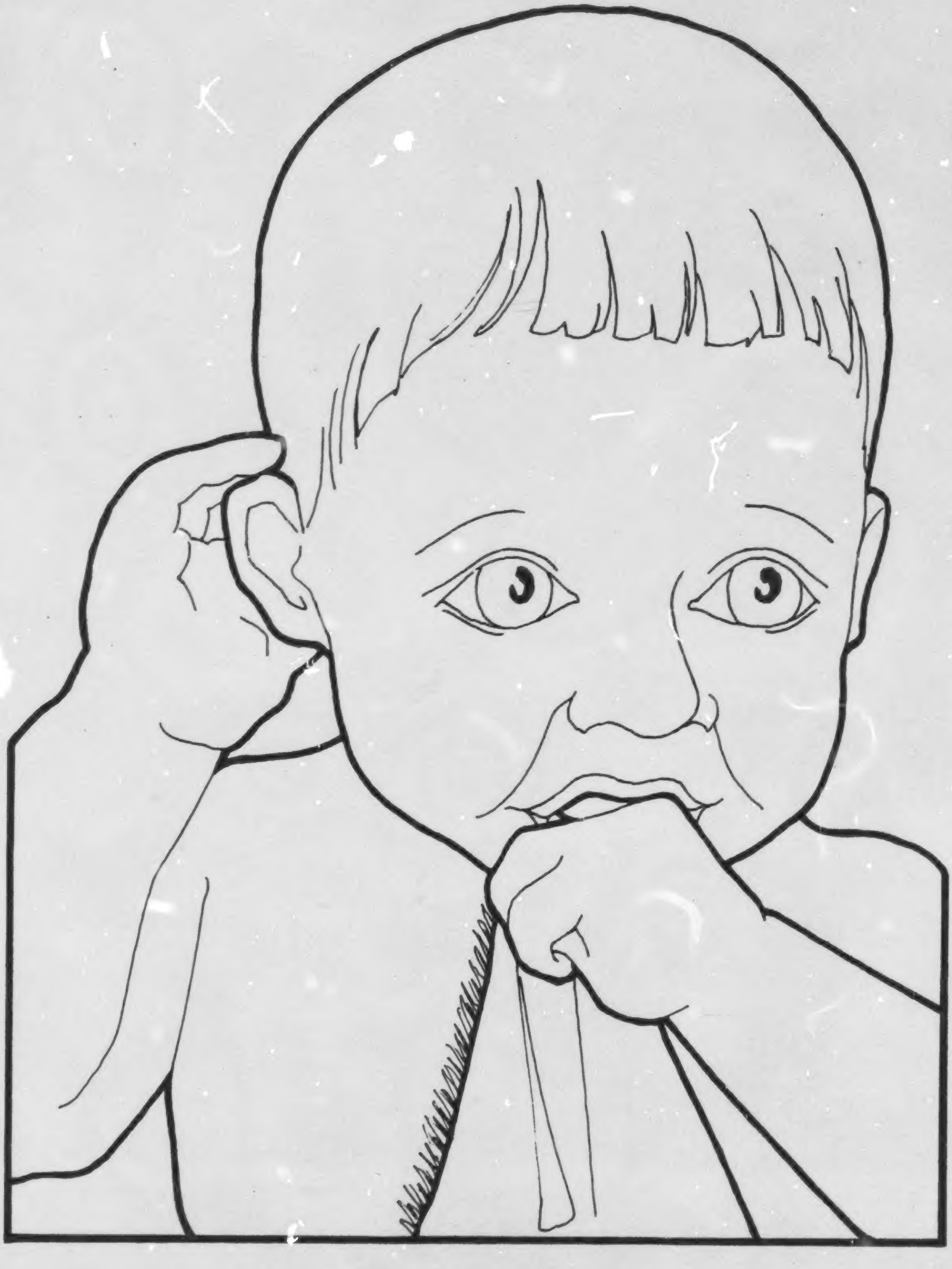
Prosocial Behaviors



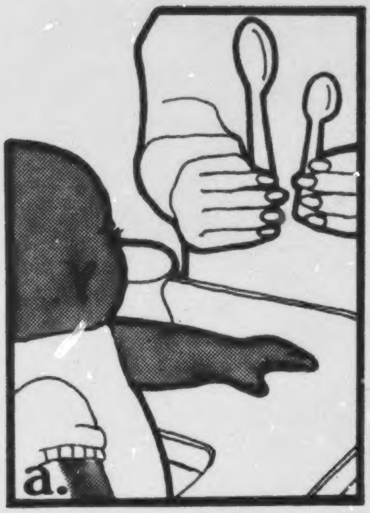
a. Helping
b. Giving
c. Comforting
d. Sharing

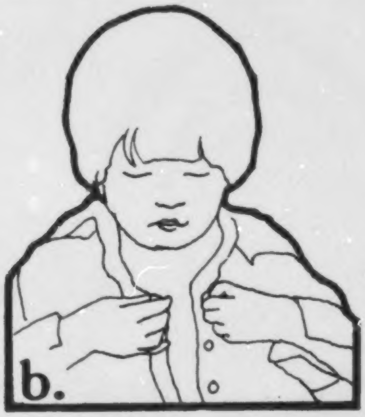


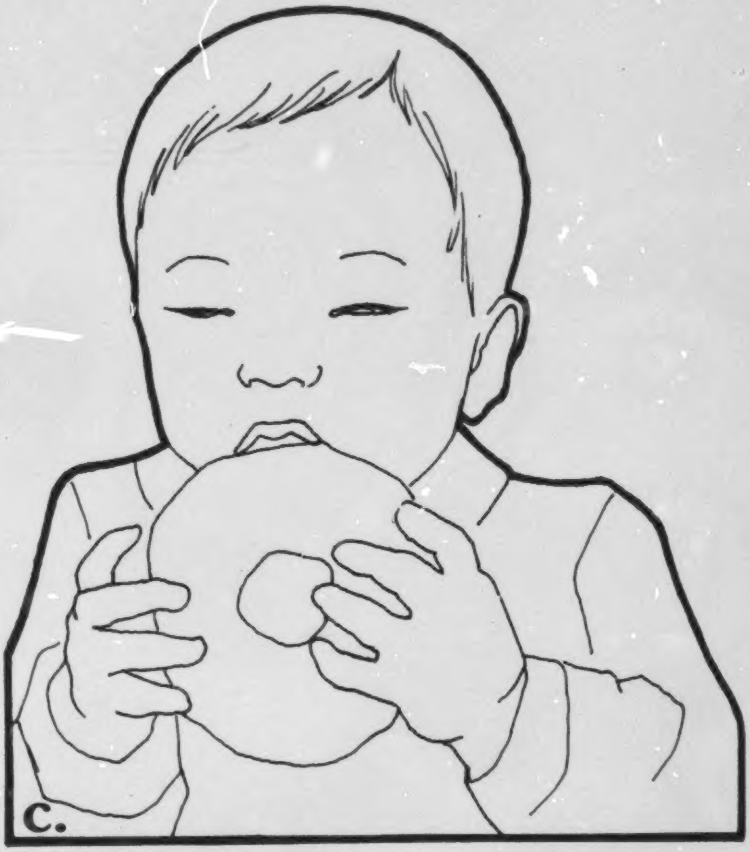
Self-Comfort For Infants and Toddlers



Gaining Independence





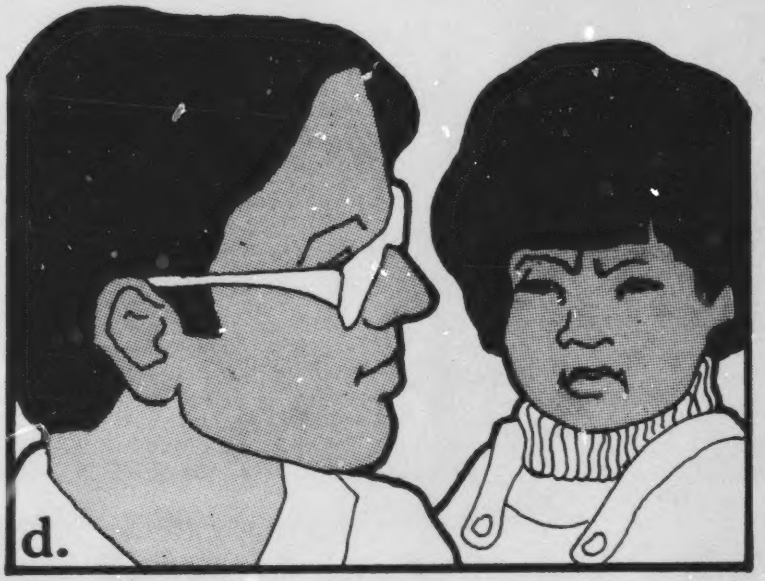


a. Making Choices

b. Self-Dressing

c. Self-Feeding

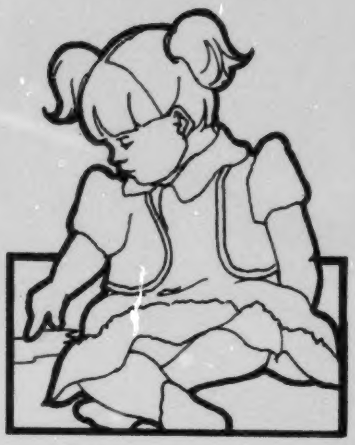
d. Negative Behaviors



Promoting Independence

- Arrange the environment to allow children access to toys, to interest centers, to the restroom, etc.
- Provide toys and activities which are age-appropriate and not so difficult that an adult must help.
- Let the children do as much as they can for themselves when they are capable. Be patient and give the children time.
- Give choices to children. Say, "Do you want to paint or cut?" or "Which story should we read next?"
- Involve the children in caring for the environment, in preparing and serving meals, and in thinking of things to do.
- Encourage self-help skills such as dressing and undressing, self-feeding, and toileting.
- Keep simple yet consistent guidelines for the group. Be sure your expectations are in line with the children's abilities.
- Give positive reinforcement for children's independent behaviors.
- Respect children's preferences and wishes whenever possible.
- Model appropriate behaviors for children so that they can be guided to attain the same behaviors.
- Avoid using words which would shame the children or cause them to doubt their competence.
- Be sensitive enough to know when not to help.
- Be ready to support children when they feel frustrated and need security as they strive for independence.

Learning To Toilet

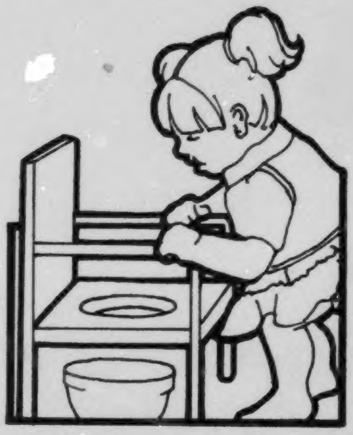


READY

Before 18 months of age the child's elimination was automatic. Now, she stays dry longer. She is naturally curious and busy learning new words, a good time to introduce toileting words and behaviors.

She enjoys imitating. By watching adults or older children, she will become familiar with the bathroom and potty. She can talk about it. If she wants, she can practice sitting on the potty. Encourage her without pressure.

She will learn that her body produces bowel movements and urine. Clothing is now easier for her to manage.

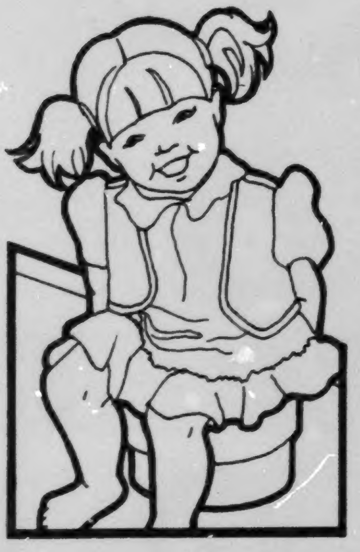


SET

The child becomes aware of body feelings preceding elimination. When this happens, around age two, she is ready for encouragement to use her potty. Let her know what is expected. She can practice toileting a doll. This is a good time to begin wearing training pants.

It is important to praise the child's success toileting. She feels pride in her efforts. Shaming the child who has an accident causes her to focus on failure. She will feel negatively about herself and the task.

Learning to toilet is an individual process. Each child will progress at an individual rate and respond to different approaches.

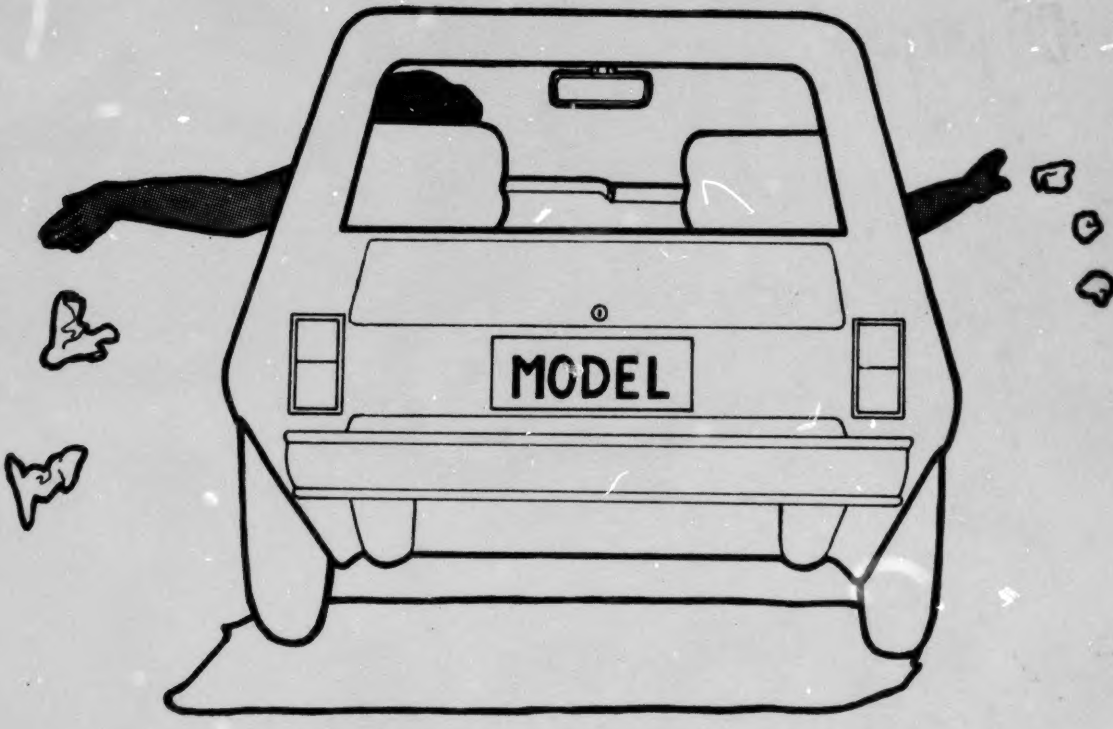


GO

A child is fully independent when she can toilet all alone. She can manage to use the toilet regularly without being told and without help.

Modeling

Children Learning Positive and Negative Behaviors



Performance Objectives

Environments
Unit V

Space Arrangement

- Summarize state and federal guidelines regarding minimum space requirements and other regulations concerning the environment and safety of infants and toddlers.
- Arrange indoor environment by interest areas, including open areas, cozy places, areas for quiet play, sleeping or resting, diaper changing or toileting, sensory stimulation, fine and gross motor development, and playing together.
- Provide a separate outdoor play area with appropriate equipment, a variety of climbing structures, and a variety of surfaces.
- Organize storage areas to maintain equipment and supplies in cooperation with other staff members.

Equipment and Supplies

- Select and use age-appropriate toys and equipment that encourage and support development in the areas of physical, cognitive, language, creative, sensory, social, and emotional development.
- Make interesting and safe toys for infants and toddlers out of everyday or throwaway objects.
- Equip areas for diaper changing, feeding, resting, toileting, and recordkeeping.
- Discuss the suitability and function of each type of equipment: playpens, walkers, jumping seats, infant swings, adult rocking chairs, infant seats, cribs, and changing tables.
- Encourage parents to contribute to the environment by collecting and donating throwaway or unwanted items.

Safety

- Prepare a safe environment that will not minimize the explorations of infants and toddlers by covering electrical outlets, having refuse receptacles out of reach, removing or repairing broken equipment promptly, keeping harmful objects out of reach, and using sturdy furnishings.
- Discuss the safety considerations involved in the selection and use of these items: cribs, changing tables, highchairs, walkers, strollers, infant seats, and infant swings.
- Demonstrate awareness of safety considerations for infants and toddlers in and around water, while being transported or held, and while in a motor vehicle.
- Develop and follow a set of guidelines on clothing considerations for male and female caregivers of infants and toddlers.

106

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Suggested Classroom Experiences

Space Arrangement

OBJECTIVE

Summarize state and federal guidelines regarding minimum space requirements and other regulations concerning the environment and safety of infants and toddlers.

TAPE RECORDINGS: Use a tape-recorded quiz as an independent learning activity on the state and federal guidelines. [Preparation: Using state and federal guidelines, prepare a cassette tape quiz on the guidelines for the environment and safety. Ask questions like, "According to state standards how many square feet of outdoor space is required for each child?" Follow with the answer and a word of praise. Then tell the student where to find the answer in the guidelines. Each student should have a copy of the guidelines.] In small groups or individually, present the cassette tape quiz, copies of the guidelines, and an answer sheet. Students stop the cassette after each question, answer or search for the answer, then listen to the answer as given on tape.

OBJECTIVES

Arrange indoor environment by interest areas, including open areas, cozy places, areas for quiet play, sleeping or resting, diaper changing or toileting, sensory stimulation, fine and gross motor development, and playing together.

Provide a separate outdoor play area with appropriate equipment, a variety of climbing structures, and a variety of surfaces.

DISCUSSION: Discuss Lab Experiences 30 and 31. Ask the students to share their observations of various infant and toddler room arrangements. Key Questions: What features are common to the different rooms observed? What features are essential? How are infant rooms different from toddler rooms?

HANDOUT: Give students a copy of the indoor-outdoor environmental check list, p. 118. Students may use this to assess their work in the following activities.

TRANSPARENCY: View the transparency, p. 119, which shows an example of good room arrangement for infants or toddlers. Point out that the room is organized initially around the basic function areas of arrival/departure, sleep, play, and diapering/toileting. Then the play area is arranged into interest areas for toddlers, such as story, manipulative, block, or dramatic play; or interest areas for infants, such as action toys, soft toys, picture books, or pretend play.

TRANSPARENCY: View the transparency, p. 120, which is a diagram of a poorly arranged room. Key Question: What factors make this arrangement poor?

DIAGRAMS: Use floor plans and models of furnishings for students to practice room arrangements. [Preparation: Prepare several large floor plans of day care center spaces for infants and toddlers. Use poster board or pattern cutting boards. Make different plans both for indoor and outdoor spaces. Use a scale of one-half inch for every foot. Use the furniture and equipment patterns, pp. 121-122, to make several sets of models out of construction paper or tag board.] Divide the class into small groups. Give each group a set of models and a floor plan. Ask the students to arrange a room or outdoor space for infants or toddlers. They can use the check list, p. 118, to evaluate their plans. Groups can rotate and try the same activity with a different floor plan.

OBJECTIVE

Organize storage areas to maintain equipment and supplies in cooperation with other staff members.

PICTURES: Use pictures of storage areas to facilitate a discussion of organizing supplies and equipment. [Preparation: Collect or take pictures of various storage areas found in day care centers. Use examples of both well and poorly organized spaces.] Share the pictures with a small group of students. [NOTE: Other students in the class might be working on independent or other group activities.] Let the students examine the pictures. Key Questions: What differences do you notice between these pictures? How do you think these areas are maintained? How should equipment and supplies be organized? How can the staff cooperate to keep storage areas organized?

DEMONSTRATION: Demonstrate ways to organize toys. [Preparation: Arrange to bring an empty bookcase to class, or hold class where a bookcase or shelving is available. Also bring along a collection of infant and toddler toys.] As students watch you place items on the shelves explain your plan. Heavy or bulky toys, such as a wooden truck or a push toy, are placed on lower shelves. Lighter and smaller toys go on upper shelves. Key Question: Why would this be a good plan? Toys with lots of small parts, such as puzzles, pegs and pegboard, nesting cups, etc., may be placed on high, open shelves where the children can see the items and ask for them by name. Key Question: Why arrange the shelves this way?

Equipment and Supplies

OBJECTIVE

Select and use age-appropriate toys and equipment that encourage and support development in the areas of physical, cognitive, language, creative, sensory, social, and emotional development.

FIELD TRIP: Plan a field trip to a large toy store. [NOTE: Before you take the class, visit the store to speak with the manager about your visit. Look at the toys and equipment that you want to discuss with your students.] With the class, examine specific toys for infants and toddlers. Key Questions: What age child would use this successfully? Do you agree with the ages recommended on the package? What could the child do with this toy? What safety factors should be considered? What aspects of development would this item promote? To follow up the visit, compare the toys and equipment available in the toy store and in catalogues.

CARD SORT: Use this card sorting activity as an independent learning center. [Preparation: Make a chart or display board, using heavy poster board or a pattern cutting board. Attach envelopes or pockets labeled with the following age ranges: "Birth-Six Months," "6-12 Months," "12-18 Months," "18-24 Months," "24-30 Months" and "30-36 Months." Label one pocket, "Answer Key." Make a set of cards which have pictures of a variety of toys and equipment suitable for infants and toddlers. Pictures may be cut from catalogues or drawn. Number the cards at random on the backs. Make the answer key by listing all the numbers with the age range(s) where the item best fits.] Students sort the cards until they are all sorted. When they have finished they can check their work with the answer key. Encourage students who made different choices to find out why another age range was better, or to argue the case of their choice.

SIMULATION: Provide a simulation activity in which students practice ordering equipment. [Preparation: Collect a variety of catalogues showing quality toys and equipment for infants and toddlers. Make copies or order forms for each. Also prepare slips of paper with a wide range of dollar amounts. There should be enough slips for each student. Each dollar amount will be a budgeted amount to be spent on toys and equipment for one room. Some should be generous amounts and some not quite generous enough.] Present the students with the following problem: "You have a new room for a multiage group of toddlers between 14 and 36 months. Your director tells you that this year you have $______ to spend on toys and equipment." Students draw slips of paper with the amount of money they can spend. Students shop in the catalogues and fill out order blanks. Any students who feel they didn't get enough money can petition the "director," which you can play. If they have a convincing argument, they can have an additional allotment. Challenge the students to present valid reasons. As the director, don't give in too easily. After the simulation activity discuss the experience. Key Questions: Is it possible to have a well-equipped room on a limited budget? Why did you choose the items you did? Why were some items not chosen? Which common items have each of you chosen? If you had a small amount of money to spend, how did you feel? If you had a large amount of money, how did you feel?

CHARTS: Divide the class into five groups. Provide each group with six large sheets of paper or poster board, felt-tip markers, catalogues, and references. [NOTE: See references at the beginning of the unit.] Each group will be assigned one of these age ranges: Birth-6 Months, 6-12 Months, 12-18 Months, 18-24 Months, 24-36 Months. The groups then devise a list of recommended toys and equipment. By each item listed students indicate what areas of development the use of the item would promote. After the groups are finished, tape the charts to the chalkboard or wall. As a class, review each list critically. Add or delete items if necessary. Students can copy a master list for their notebooks, or you can make and duplicate a handout.

OBJECTIVE

Make interesting and safe toys for infants and toddlers out of everyday or throwaway objects.

DISCUSSION: Discuss Lab Experience 32 in which students made and used toys with infants and toddlers. Ask students to share their success in using the teacher-made materials.

LEARNING CENTERS: Divide the class into small groups; assign each one to demonstrate a variety of teacher-made materials for infants and toddlers. One group can focus on language, another on small muscle development, etc. At a later class set up the learning centers. Have one member of each group take a turn demonstrating the group's materials while the other members visit the other centers. If students wish, they can bring supplies so that other students can also make some of the materials.

OBJECTIVE

Equip areas for diaper changing, feeding, resting, toileting, and recordkeeping.

FIELD TRIP: Ask students to visit several day care programs serving infants and toddlers. They will observe the diapering, toileting, sleeping, feeding, eating, and recordkeeping areas. Using a comparison chart similar to the illustration, students can describe and evaluate what they saw. Students can describe the organization of each area or draw a sketch, list supplies, and list strengths and weaknesses of the arrangement.

AREA OBSERVED: ______________________

Center	Organization/Sketch	Supplies	Strengths/Weaknesses
I			
II			
III			

DIAGRAMS: After the field trip experience, discuss the features of well-arranged and well-equipped areas for diapering, toileting, sleeping or resting, eating, feeding, and recordkeeping. List these features on the chalkboard. Students can draw a diagram of each area showing how it should be arranged and equipped. Label items clearly.

OBJECTIVE

Discuss the suitability and function of each type of equipment: playpens, walkers, jumping seats, infant swings, adult rocking chairs, infant seats, cribs, and changing tables.

TRANSPARENCY: View the transparency, p. 123, which shows a variety of equipment. For each item list the function and use. For example, infant seats allow the infant to see the world from a different position. The seat can be moved to provide interesting views. [NOTE: See references at the beginning of the unit.]

OBJECTIVE

Encourage parents to contribute to the environment by collecting and donating throwaway or unwanted items.

BRAINSTORMING: Ask the students to brainstorm about ways to involve parents in making contributions of throwaway or unwanted items. Everyone should give an idea no matter how crazy. A recorder lists them on the chalkboard. After 10 minutes stop the discussion and ask the students to decide which ideas would work best.

DEMONSTRATION: One way to encourage parents to donate materials is to decorate cleverly a large box which communicates to the parents what "beautiful junk" you need. Ask the students to make such a box. Students may work in pairs or small groups. Have a panel of test judges award humorous prizes to the groups that come up with the best ideas. As a follow-up, place the boxes around your college or in local day care centers. Donate the collection to a day care program or use the items to make teacher-made materials.

Safety

OBJECTIVE

Prepare a safe environment that will not minimize the explorations of infants and toddlers by covering electrical outlets, having refuse receptacles out of reach, removing or repairing broken equipment promptly, keeping harmful objects out of reach, and using sturdy furnishings.

SIMULATION: Conduct a simulation activity to give students practice in preparing a safe environment. [Preparation: Before class arrives make your classroom unsafe for infants and toddlers by placing harmful objects in places where infants and toddlers could easily reach but adults may overlook. After the class has arrived, ask the students to walk around the room and make a list of everything that needs to be done to "baby-proof" the room. [NOTE: Items to plant might be a poisonous potted plant, some broken toys, toys that are not appropriate for infants or toddlers, small objects, sharp objects, or a hot cup of coffee on the edge of the desk.] After everyone has examined the room, ask students to share their lists.

OBJECTIVE

Discuss the safety considerations involved in the selection and use of these items: cribs, changing tables, highchairs, walkers, strollers, infant seats, and infant swings.

TRANSPARENCY: View the transparency, p. 123, which shows the different types of equipment. Discuss the safety features to be considered when selecting or using each item.

OBJECTIVE

Demonstrate awareness of safety considerations for infants and toddlers in and around water, while being transported or held, and while in a motor vehicle.

DEMONSTRATION: Demonstrate the use of infant and toddler car seats. [Preparation: Before class collect several types of infant and toddler car seats and a large rag doll.] Discuss with the students safety for infants and toddlers riding in motor vehicles. Point out that many injuries to infants and toddlers are caused by failing to secure the child in the proper restraint. Demonstrate how to use the different seats. Infants are faced toward the back seat of the car, while toddlers may sit up in a chair-like device so that they can see out. Key Question: How can a caregiver make a trip in the car pleasant for an infant or toddler?

JINGLES: Ask students to think of a jingle for the water safety poster, p. 124. The jingle should be catchy and make a point about water safety for infants and toddlers. Have students vote by secret ballot on the best jingles. Award ribbons to the top three winners.

HANDOUT: Give students the handout, p. 125, which shows how to lift and carry infants and toddlers safely and without injury to the caregiver. Have the students practice with dolls and then with children when they have an opportunity.

OBJECTIVE

Develop and follow a set of guidelines on clothing considerations for male and female caregivers of infants and toddlers.

DISCUSSION: Divide the class into groups and ask each group to develop a set of guidelines titled, "Clothing Considerations for Male and Female Caregivers of Infants and Toddlers." Compare the work of each group. Write down the common considerations on the chalkboard. [NOTE: Be sure that safety in dress is discussed as well as the use of smocks. See references at the beginning of the unit.]

Environments Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ Infants and toddlers sometimes need to be alone. For this reason the environment should provide
   A. open play spaces.
   B. playpens.
   C. low shelves.
   D. private or cozy spaces.

2. ______ The indoor environment for infants and toddlers should be organized according to
   A. the intellectual abilities of the children.
   B. the basic areas of development, such as physical and language.
   C. functional areas, such as arrival and diapering.
   D. learning centers.

3. ______ The outdoor environment for infants and toddlers should *not*
   A. be used by preschoolers.
   B. have a variety of play surfaces.
   C. include appropriate climbing equipment.
   D. be easily accessible from indoors.

4. ______ When considering the type of equipment to provide for infant and toddler outdoor play areas, a center director's first choice is a
   A. three-wheeled tricycle.
   B. slide.
   C. four-inch climbing platform.
   D. swing.

5. ______ When arranging to shelve or store these items, the item which goes on the lowest shelf is the
   A. snap beads.
   B. riding toy.
   C. picture books.
   D. beach balls.

6. ______ An item suitable for infants under six months of age is a
   A. puzzle.
   B. squeeze toy.
   C. pull toy.
   D. set of child-sized dishes.

7. ______ An unbreakable mirror is suitable for the age range
A. 12 to 18 months.
B. birth to six months.
C. birth to 36 months.
D. 24 to 36 months.

8. ______ Infants from six months and above need toys that show cause and effect. A toy which shows this is a
A. set of blocks.
B. soft doll.
C. toy on a string.
D. picture book.

9. ______ When arranging feeding tables or highchairs for infants, it is best to arrange them in
A. a row.
B. different places around the room.
C. a semicircle.
D. pairs, back-to-back.

10. ______ An infant swing should *not* be used by a baby who
A. has poor head control.
B. is crying.
C. is under six months old.
D. is outdoors.

11. ______ Playpens should be used sparingly because
A. they may cause injury.
B. they restrict exploration.
C. babies can crawl out too easily.
D. they spearate older and younger infants.

12. ______ An item that should *not* be used by an infant of nine months would be a(n)
A. stroller.
B. diaper changing table.
C. baby walker.
D. infant seat.

13. ______ The best source of everyday throwaway items for making teacher-made materials is
A. the local hardware store.
B. a garage sale.
C. the parents.
D. volunteer agencies.

14. ______ When infants begin to pull to a standing position, it is especially important that
A. extra space is provided.
B. they play outside.
C. furnishings be sturdy.
D. they use a baby walker.

15. ______ The caregiver who observes safety without minimizing exploration is

A. Steven: The infants in Steven's group always pull the diaper bags down from the cubbies by the door. To keep them from doing this, he blocks off that part of the room.

B. Vera: One day Vera notices that the toddlers have discovered how to remove the tape from the electrical cord taped along the baseboard. She resecures the cord along the wall above the reach of the children. She tapes a short string along the baseboard for the toddlers to untape.

C. Emillio: The older toddlers in Emillio's group watch while he cuts a face in a pumpkim. Since he is using a knife, he keeps the toddlers at a distance. They can't wait to touch and hold the pumpkin. They want to help. Emillio frequently stops and moves the children away.

D. Marsha: The receptacle for disposable diapers is next to the changing table. Several times a day Marsha has to remove the infants from their play with the receptacle. She tells them not to play there, but they won't mind.

16. ______ An individual feeding table with a large square tray has an advantage over the conventional highchair in that it is

A. less expensive to purchase.
B. safer and more comfortable.
C. easier to keep clean.
D. more easily acquired.

17. ______ Regardless of the type of equipment used to hold, carry, or seat an infant, it must have

A. a safety harness.
B. a canopy to shade the infant.
C. four widely-spaced legs or a stable base.
D. padding.

18. ______ When selecting cribs for infants be sure the slats or posts are spaced no more than

A. one inch apart.
B. one and one-half inches apart.
C. two inches apart.
D. two and one-half inches apart.

19. ______ When taking infants or toddlers for an outing in a car,

A. be sure to put older infants in the back seat.
B. have pillows to protect infants not in a safety device.
C. secure each infant in an individual car seat.
D. let caregivers hold infants that are too small for a safety device.

20. ______ When lifting an infant from the crib, first

A. let the infant know that he will be lifted.
B. support the head.
C. support the back along the spine.
D. stand just behind the infant.

21. ______ When infants or toddlers are involved in water play, *never*

A. squirt water on them.
B. provide water toys.
C. put the pool on a hard surface.
D. turn your back.

22. ______ An item of clothing that might not be appropriate to wear while caring for infants is a
A. dress.
B. shirt with pockets.
C. pair of high-heeled shoes.
D. wrist watch.

DIRECTIONS

For Items 23-25 write a short essay.

23. Describe a teacher-made toy that would promote fine muscle development in toddlers.

24. List supplies needed to equip the diaper-changing area.

25. How can sandbox play be made safe for toddlers?

Transparency and Handout Masters

PAGE	TITLE
118	Space Arrangement for Infants and Toddlers
119	Well-Arranged Environment
120	Poorly Arranged Environment
121	Patterns for Indoor Environment
122	Patterns for Outdoor Environment
123	Infant and Toddler Equipment
124	Water Safety for Infants and Toddlers
125	Lifting Infants and Toddlers

Space Arrangement for Infants and Toddlers

DIRECTIONS

Place a check by each feature present in the environment.

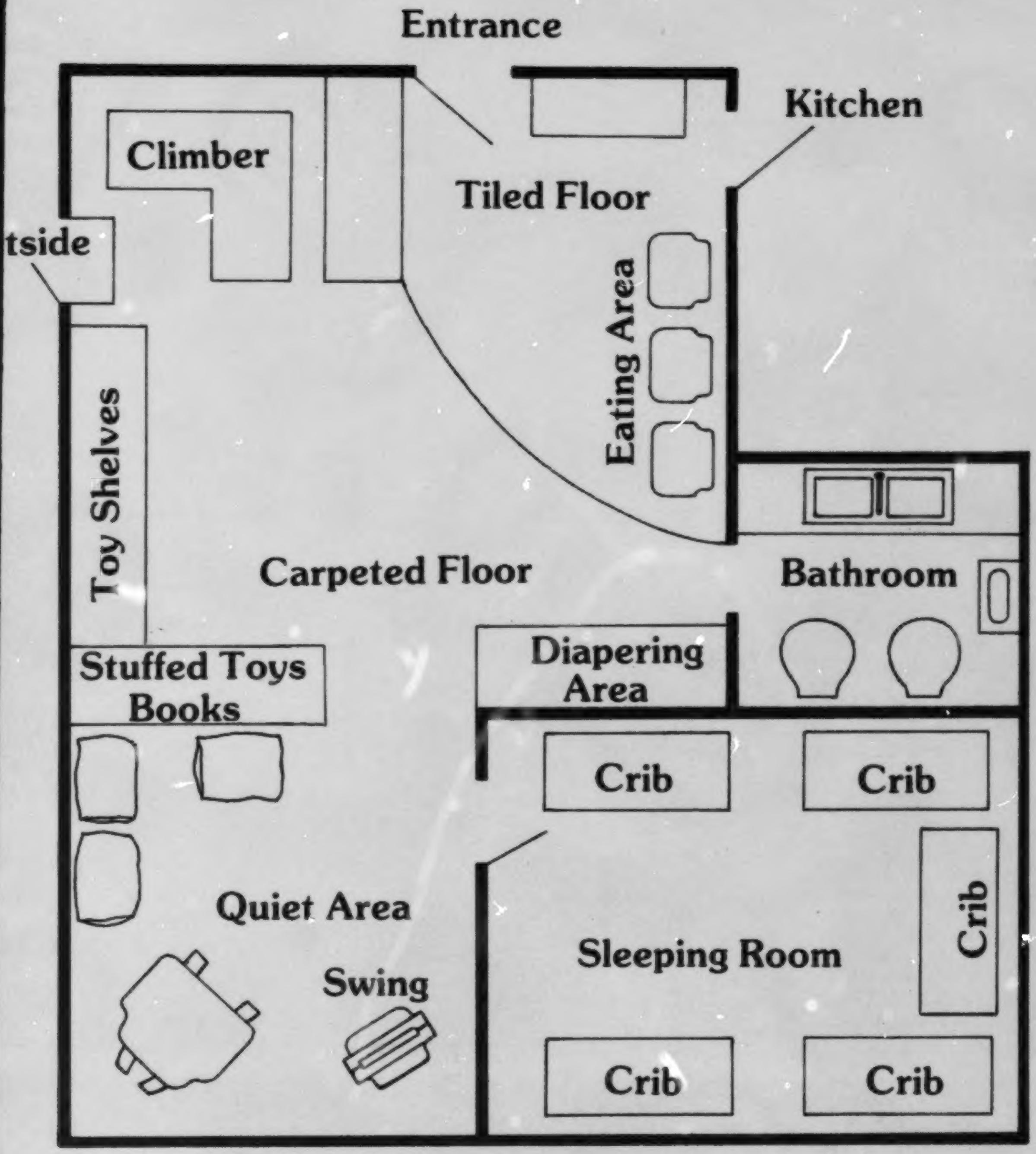
Indoor Environment

______ feeding or eating areas near kitchen or sink
______ separate sleeping area for infants
______ diaper area by bathroom
______ toilet area easily accessible for toddlers
______ place for caregiver recordkeeping
______ clock visible from all parts of the room
______ individual cubbies for children
______ ample storage space, not accessible to children
______ low barriers, used as partitions
______ smooth traffic flow
______ open shelves accessible to children
______ arranged to minimize confusion and distractions
______ private or cozy places
______ large, open play space
______ carpeted area
______ arranged into interest centers or areas
______ quiet play area
______ area for large motor toys
______ pretend play area for toddlers
______ area for construction or manipulative toys

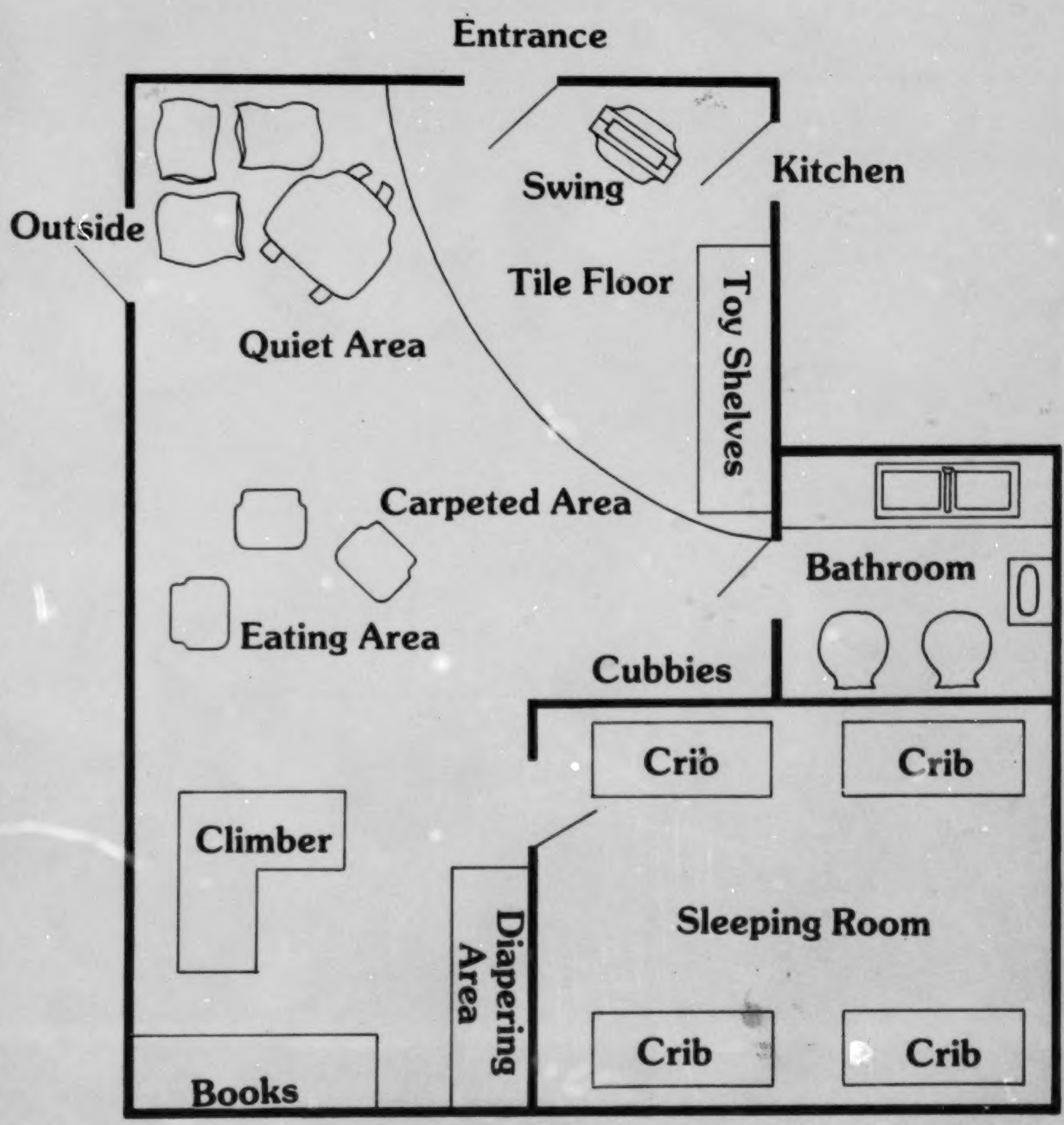
Outdoor Environment

______ easily accessible from indoors
______ a variety of surfaces (grass, sand, sidewalk, etc.)
______ a variety of climbing structures
______ sand play area
______ place for wheel toys
______ shaded area
______ fenced
______ separate from older preschoolers
______ storage space
______ private or cozy spaces
______ accessible drinking water

Well-Arranged Environment


Entrance
Kitchen
Climber
Tiled Floor
tside
Eating Area
Toy Shelves
Carpeted Floor
Bathroom
Diapering Area
Stuffed Toys Books
Crib
Crib
Crib
Quiet Area
Sleeping Room
Swing
Crib
Crib

Poorly Arranged Environment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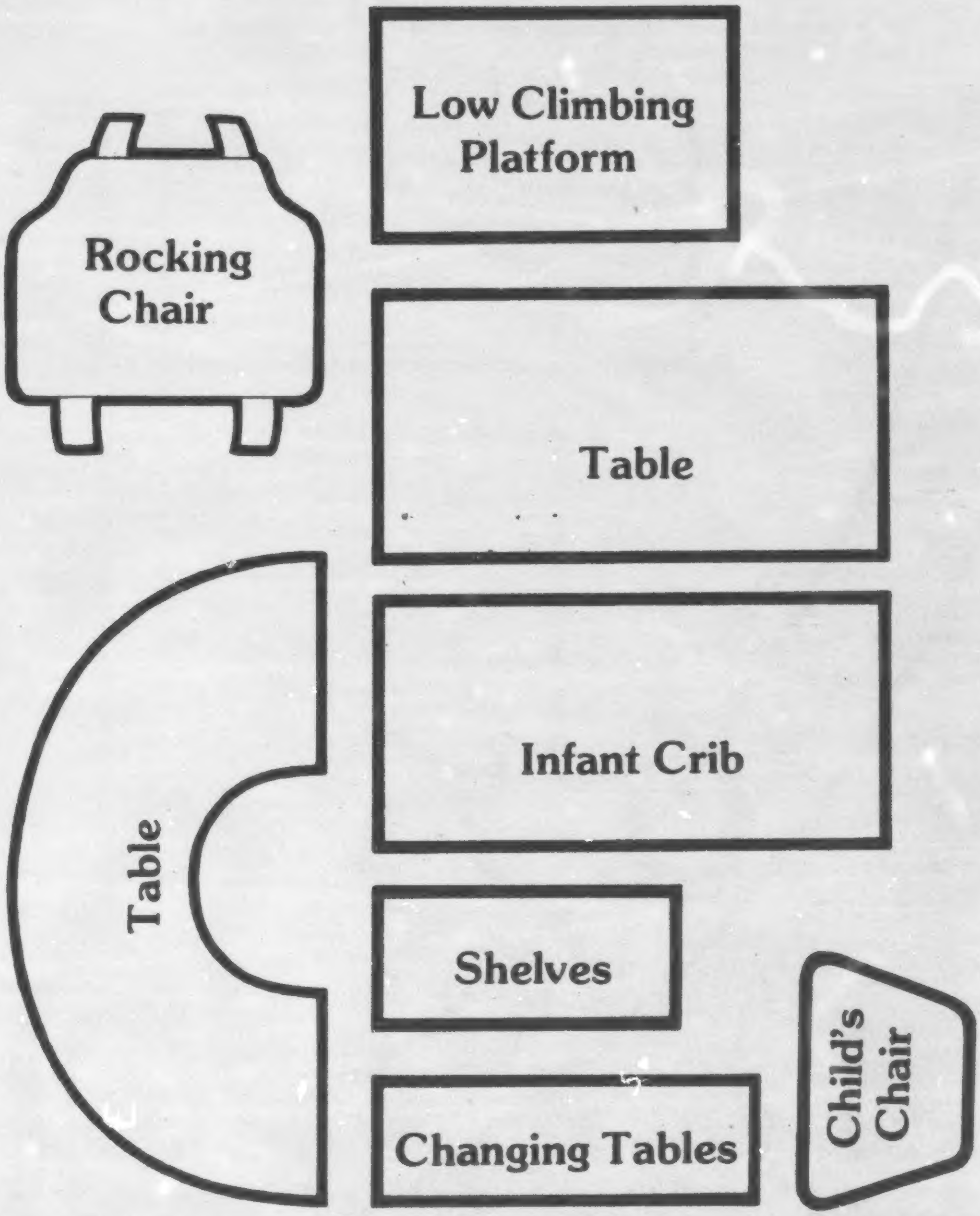
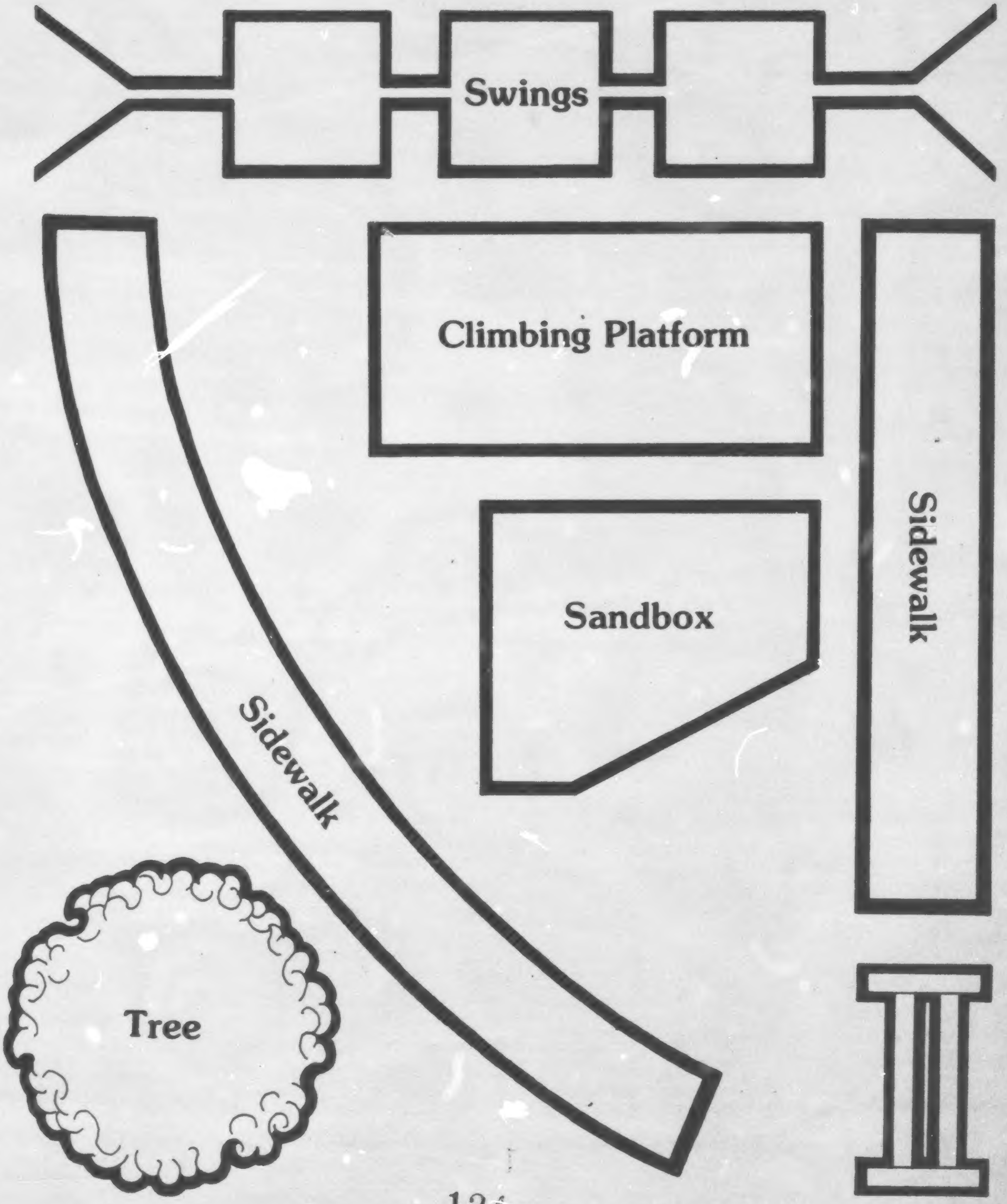
Swing
Outside
Tile Floor
Toy Shelves
Quiet Area
Carpeted Area
Bathroom
Eating Area
Cubbies
Crib
Crib
Climber
Diapering Area
Sleeping Room
Crib
Crib
Books

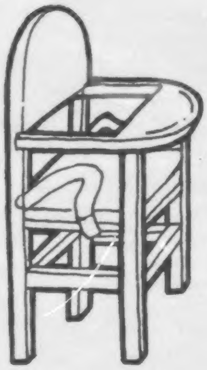
Patterns for Indoor Environment


Low Climbing Platform
Rocking Chair
Table
Table
Infant Crib
Shelves
Child's Chair
Changing Tables

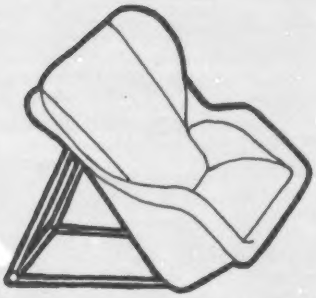
Patterns for Outdoor Environment


Swings
Climbing Platform
Sidewalk
Sandbox
Sidewalk
Tree

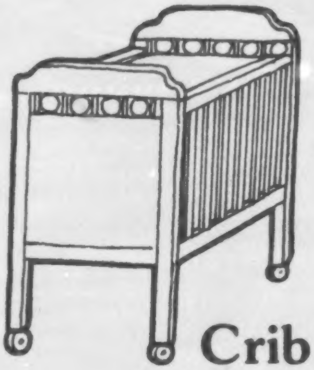
Infant and Toddler Equipment



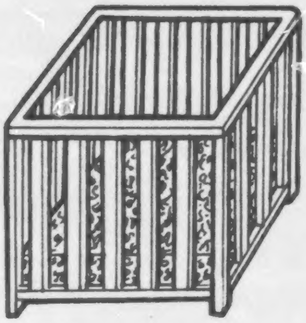
Highchair



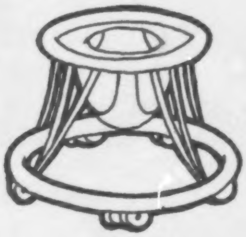
Infant Seat



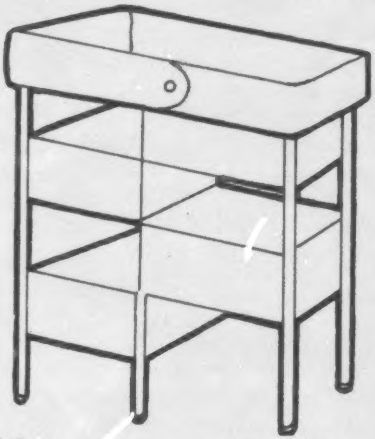
Crib



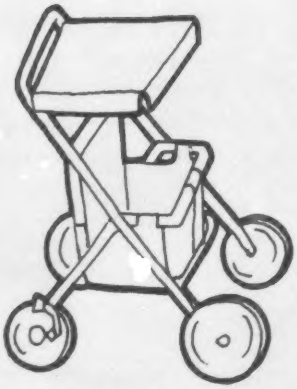
Playpen



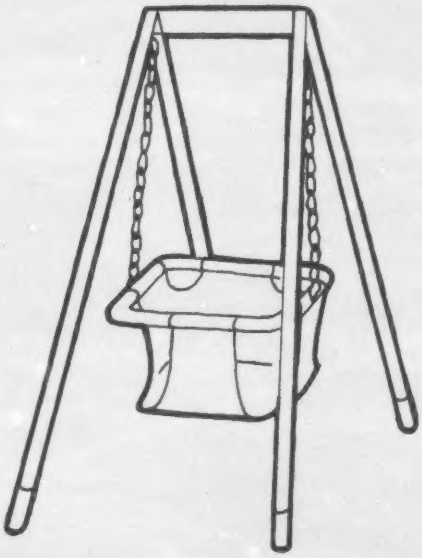
Walker



Changing Table



Stroller

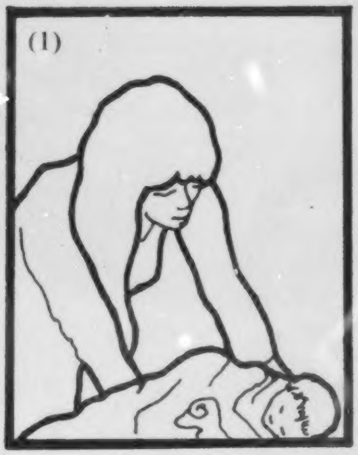


Infant Swing

Water Safety for Infants and Toddlers

Lifting Infants and Toddlers

INFANTS: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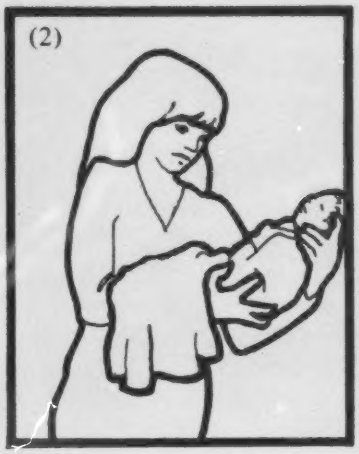
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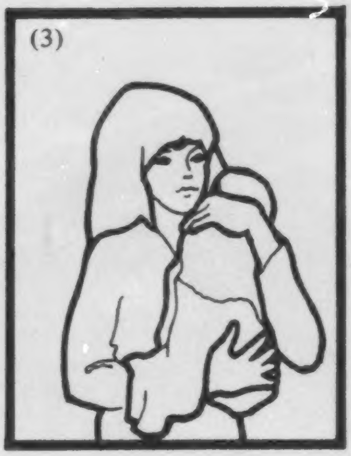
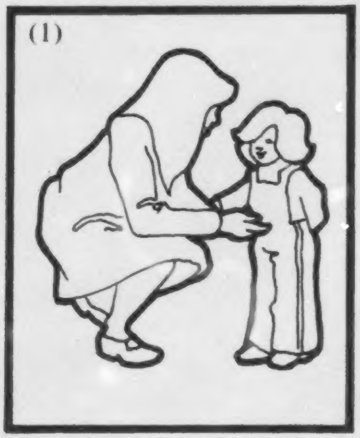

(3)

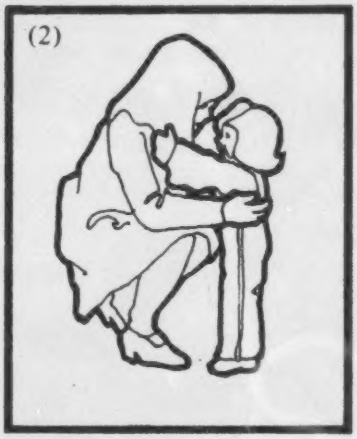
Tell the infant that you will lift him. Lift slowly. Give the infant time to feel the support of your arms before you lift.

1. Place your hand behind his neck and head, and place your arm along his spine.
2. Lift slowly.
3. Lift smoothly until his head is on your shoulder.

If you lift from the floor be sure the infant is close to your body before you stand.

TODDLERS:


(1)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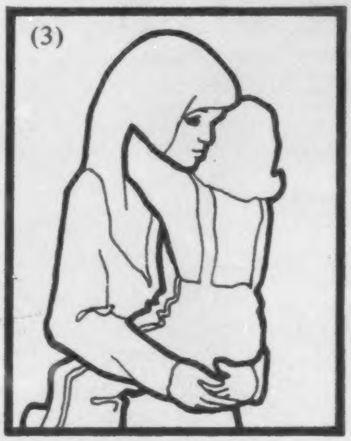
(3)

Tell the toddler you will lift her.

1. Squat down to the level of the child.
2. Grasp her firmly just under the arms. If she puts her arms around your neck, bringing her head closer to your body, she will be easier to carry.
3. Lift with your legs. Let the toddler's legs surround your waist.

Performance Objectives

Nutrition and Health Unit VI

Nutrition

- Summarize state and federal guidelines regarding nutrition for infants and toddlers in group care.
- Discuss the nutritional needs of infants and toddlers.
- Exchange information daily with parents to meet the nutritional needs of infants and toddlers.
- Prepare and serve nutritious food for infants and toddlers in a sanitary manner.
- Describe positive mealtime routines for infants and toddlers.
- Use meals, eating, and modeling to promote infants' and toddlers' understanding of themselves and the world.
- Follow guidelines recommended by physicians or parents for children with special dietary needs.

Health

- Summarize state and federal guidelines regarding health for infants and toddlers in group care.
- Explain how colds and other communicable diseases are spread.
- Discuss hygienic practices to be observed by caregivers of infants and toddlers.
- Provide daily health routines which promote infants' and toddlers' growth and all aspects of development.
- Exchange information daily with parents to meet the health needs of infants and toddlers.
- Follow the center's policies regarding the care of sick children.

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Conger, Flora S., and Rose, Irene B. *Child Care Aide Skills* (Chapter 7).

Hildebrand, Verna. *Parenting and Teaching Young Children* (Chapters 16 and 27).

Honig, Alice, and Lally, J. Ronald. *Infant Caregiving: A Design for Training* (Chapter 2).

McWilliams, Margaret. *Nutrition for the Growing Years* (Chapter 13).

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Pipes, Peggy L. *Nutrition in Infancy and Childhood* (Chapter 15).

Willis, Anne, and Ricciuti, Henry. *A Good Beginning for Babies: Guidelines for Group Care* (Chapter 7).

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Caplan, Frank, ed. *The Parenting Advisor* (Chapter 4).

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Leach, Penelope. *Your Baby & Child: From Birth to Age Five.*

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Coonrod, Debbie, and May, Marilyn A. *Just Toddlers: Developmental Skills and Activities* (Part 1).

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Gonzalez-Mena, Jeanet, and Eyer, Diane W. *Infancy and Caregiving* (Chapter 5).

Honig, Alice, and Lally, J. Ronald. *Infant Caregiving: A Design for Training* (Chapter 9).

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Pescar, Susan. *First Aid For Kids.*

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Willis, Anne, and Ricciuti, Henry. *A Good Beginning for Babies: Guidelines for Group Care* (Chapter 10).

Suggested Classroom Experiences

Nutrition

OBJECTIVE

Summarize state and federal guidelines regarding nutrition for infants and toddlers in group care.

GAME: Play charades using facts from the state or federal guidelines on nutrition. [Preparation: Write nutritional facts on slips of paper or small cards. For example, "A qualified nutritionist or food service specialist . . . is consulted at least twice a year," or "The adult caregiver must eat at the table with the children."] A student draws a slip of paper and acts without words to demonstrate the fact. Other students try to guess which fact is being demonstrated. Teams can also play this game.

OBJECTIVE

Discuss the nutritional needs of infants and toddlers.

HANDOUT: Give students a copy of the handout, p. 144, which summarizes some of the abilities and nutritional needs of infants and toddlers. Key Questions: What is a well-balanced diet? Do infants and toddlers have to eat a well-balanced meal at each meal? Do infants and toddlers have to eat vegetables to be healthy? [NOTE: See references at the beginning of the unit.]

FELT BOARD: Use a felt board display to stimulate a discussion of common misconceptions. [Preparation: For the felt board prepare labels with some common misconceptions about infants and toddlers and nutrition. For example: "Plump babies are healthy babies," "Infants should be fed according to a scheduled time and not before," "Children should not be allowed to play with food," or "Children need to eat everything on their plate."] Discuss the validity of each one with the class. Key Questions: How are these issues viewed today? What other misconceptions can you think of?

TRANSPARENCY: View the transparency, p. 145, which discusses milk for the infant. The major source of nutrition for infants is milk. The infant can obtain it in two ways, from the breast or from the bottle. Discuss the advantages and disadvantages of each. [NOTE: Two important events affect the infant while feeding—being held and sucking. Discuss the importance of each. Infants and toddlers still taking a bottle should be held while drinking. Infants need the security of close bodily contact.

Continuing to hold the toddler when taking a bottle will make weaning easier. If the toddler is allowed to carry the bottle around as she is gaining independence, she will become more attached to the bottle. Never allow infants or toddlers to take a bottle to bed. This can cause dental problems or choking.] Key Questions: In infant groups, how can caregivers manage to hold each infant while they are taking a bottle? What can caregivers do when toddlers are attached to their bottles and are used to carrying them around?

DEMONSTRATION: Arrange to have one or two bottle-fed infants come to class. While the students observe, ask the parent to feed the baby. Point out how the bottle is held and how the parent holds the infant.

HANDOUT: Give students a copy of the handout, p. 146, which shows how to give an infant a bottle. Discuss the steps with the students.

GUEST SPEAKER: Arrange to have a nutritionist visit the class and discuss the nutritional needs of infants and toddlers. Find out what the nutritionist looks for when evaluating a menu cycle.

DEMONSTRATION: Use a display of finger foods to help students analyze suitable choices for infants. [Preparation: Prepare some sample finger foods for infants under 12 months, such as grated cheese, cooked tiny peas, or small dry cereals. Also include some foods not appropriate, such as nuts, popcorn, chunks of raw fruit, whole raisins. See references at the beginning of the unit.] Students sample each food. Key Questions: Which foods would make good finger foods for infants under 12 months? Which would not? Why?

DEMONSTRATION: Familiarize the students with commercially available foods for infants; for example, strained baby food in jars, cereals, teething biscuits, fruit juices, and formulas. [NOTE: When using these products use the plain form of the food, i. e., plain peas, bananas, or beef. Put one or two tablespoons of the food into another dish to feed younger infants. Use the rest of the food for another infant. Leftovers in the jar can be refrigerated up to 24 hours. After 24 hours dispose of the food. See references at the beginning of the unit.] Demonstrate how to portion the food for infants.

DEMONSTRATION: Use a display of various meals for toddlers to help students identify appropriate planning and serving practices. [Preparation: Prepare three sample lunch plates with different combinations and portions of food.] The class can examine these. Key Questions: Which plate is a well-balanced meal with the four nutritious food groups represented? Which one is most appealing visually? Which one has food appropriately proportioned for toddlers? Are there any foods that toddlers might not like? Discuss these points with the class. [NOTE: See references at the beginning of the unit.]

ROLE PLAY: Ask several pairs of students to plan a role play of the parent of a toddler and a caregiver. The parent shares a concern that the toddler isn't eating as much as she did a few weeks ago. She wonders if this is a sign of poor health. What can the caregiver tell the parent? After the pairs plan their role play, have them perform for the class.

OBJECTIVE

Exchange information daily with parents to meet the nutritional needs of infants and toddlers.

TRANSPARENCY: View the transparency, p. 147, which shows how parents guide caregivers in caring for their children. Explain that in these events the parents should communicate to the caregiver how they would like things done. Caregivers work cooperatively with parents and follow the guidance of the parents for the care of their children.

CHARTS: Working in pairs or individually, ask students to design a simple chart or form that might be used to record information from the parents each day. Key Questions: What does the caregiver need to know? Why? How can the caregiver tactfully gain some of this information if it is not volunteered?

DISCUSSION: Involve students in investigating when solid foods should be introduced to infants. [Preparation: Find several articles or books which discuss when and how to introduce solid foods. See references at the beginning of the unit for some suggestions.] Explain to the students that parents usually suggest when to start infants on solid food. Authorities differ as to when solid food should be first offered. Divide the class into small groups. Give each group an article to read and summarize. Groups then share information with the whole class. Key Questions: When are infants usually introduced to solid foods? How should this be done? When do you know the infant is ready? Which foods are introduced first? How are an infant's sleeping patterns and eliminations affected by solid foods? What foods commonly cause allergic reactions?

SURVEY: Involve students in a survey of parents or caregivers of infants between two and eight months old. Find out what solid foods the infants are now eating. Make a list. At the next class write down the ages of the infants and their lists of foods. Use this example to point out to students the great individual variety in when and what types of solid foods are offered.

HANDOUT: Give students a copy of the handout, p. 148, which is an example of a form that caregivers can use to record information about what the child ate during the day and how much. This same form also records health information.

OBJECTIVE

Prepare and serve nutritious food for infants and toddlers in a sanitary manner.

GAME: On the chalkboard write the word "CLEANLINESS" in a vertical column. Working in small groups ask the students to make a set of guidelines to correspond with each letter of the word. The guidelines will tell caregivers how to serve and prepare food in a sanitary manner. For example, *clean* work surfaces and hands, before preparing foods. *Let* each child use individual eating utensils. *Each* day check to see that food supplies are stored properly. *After* meals sterilize dishes in a dishwasher. *Never* prepare food with a cut on your hand.

DEMONSTRATION: Make baby food from fresh foods and compare to commercial baby food. [Preparation: Before class prepare equipment and supplies needed to make baby food. Bananas, apples, or cooked carrots may be used.] In some infant caregiving programs the caregivers are involved in the preparation of homemade baby foods. In class prepare one or two homemade baby foods using a grinder or blender. Compare with the commercially available baby foods for taste, texture, color, costs, and ease of preparation.

OBJECTIVE

Describe positive mealtime routines for infants and toddlers.

TRANSPARENCY: View the transparency, p. 149, which shows an infant enjoying food. Key Questions: Why are babies messy when they eat? How do you know when to stop feeding an infant during a meal? How do you clean the infant so that the meal ends happily?

DEBATE: Debate the statement, "Desserts should not be given to toddlers until after they have eaten all their other food." One team argues for the statement and the other against. [NOTE: For details on how to conduct the debate refer to the debate activity, p. 86.]

DISCUSSION: Discuss Lab Experiences 34-36 in which students observed mealtime routines.

BRAINSTORMING: Divide the class into groups. Ask each group to brainstorm about ways to promote positive mealtimes and positive experiences with food. Encourage each student to suggest as many ideas as possible. After the groups have a list of ideas, share these with the class by making a master list using ideas from each group on the chalkboard.

GAME: Students can play the game in small groups to help them remember how to make mealtimes a positive experience for all. [Preparation: Prepare a board game on "Positive Mealtimes." Make the board and markers using the directions and patterns, pp. 150-152. Make the playing board on a large sheet of poster board.]

OBJECTIVE

Use meals, eating, and modeling to promote infants' and toddlers' understanding of themselves and the world.

LECTURE: Discuss with the students the importance of involving the children in the meals and snacks served. Key Questions: How can infants be involved in meals and snacks? Toddlers? List the suggestions on the chalkboard.

ACTIVITY FILE: Ask students to collect ideas on activities or experiences which make use of food or promote nutrition concepts. Plans can be written on the "Infant or Toddler Experience Plan" form, p. 24. Provide time in class for students to share their ideas.

ROLE PLAY: Working in small groups students will prepare a role play of a caregiver and a group of toddlers at the lunch table. Have them demonstrate ways that caregivers can promote learning through the normal course of conversation at the table. This is sometimes called *incidental learning*. Why is incidental learning so effective? How could incidental learning be used with infants?

DISPLAY: Set up a display to introduce a discussion of eating utensils for infants and toddlers. [Preparation: Collect several types of infant and toddler eating utensils such as cups, spoons, forks, plates, warming dishes, etc.] Students examine the items and discuss the purpose of each. Key Questions: How are these items different from the adult versions? When do infants learn to use these items? How should they be introduced to infants?

OBJECTIVE

Follow guidelines recommended by physicians or parents for children with special dietary needs.

GUEST SPEAKER: Invite a dietitian or pediatrician to class to discuss the special dietary needs of infants and toddlers. Have the speaker address such disorders as phenylketonuria galactosemia, or protein allergies.

CASE STUDY: Read and discuss the following case study. Eight-month-old Joseph has enrolled in the center and will be in Ann's infant group. During the first meeting with the parents Ann finds out that the family is vegetarian because of their religious beliefs. They eat no meats, but do allow milk and milk products. They agree to provide all the foods to be given to Joseph. Ann is concerned and has heard unfavorable reports about such diets. The first few days with Joseph go smoothly. But after a while, he seems to notice the different foods on the other infants' trays. One day he reaches for a piece of fish and is about to eat it. What should Ann do?

Health

OBJECTIVE

Summarize state and federal guidelines regarding health for infants and toddlers in group care.

ROLE PLAY: Ask students to work in pairs to develop a presentation for new child care employees on the requirements for state licensing and the federal regulations regarding health. [NOTE: Provide each student with a copy of the state licensing standards and the current federal guidelines. Contact your local licensing agency for these materials.] The presentation can be more than a talk. Encourage the students to think of ways to help the new caregivers remember the standards. After the pairs are ready, have them give their presentations to the class, which will serve as the group of new caregivers.

OBJECTIVES

Explain how colds and other communicable diseases are spread.

Discuss hygienic practices to be observed by caregivers of infants and toddlers.

Provide daily health routines which promote infants' and toddlers' growth and all aspects of development.

FLIP CHART: Use a flip chart to stimulate students' thinking about the spread of communicable diseases. [Preparation: Using sheets of poster board or a newsprint pad, prepare a flip chart on "Controlling the Spread of Communicable Diseases." Write the following questions and answers on the appropriate pages.

p. 1. Name some communicable diseases.
p. 2. Some communicable diseases are: rubella, diphtheria, mumps, chicken pox, and colds.
p. 3. How are communicable diseases spread?
p. 4. Communicable diseases are spread by coming into contact with the disease.
p. 5. How can caregivers control the spread of diseases?
p. 6. To control the spread of disease, prevent contact with individuals with the disease. Some illnesses, such as colds, chicken pox, strep and diarrhea, have no vaccine.
p. 7. What good health habits can caregivers practice and encourage in children?
pp. 8. and 9. Practice Good Health Habits
*Wash hands after using the restroom.
*Wash hands before eating or preparing food.
*Keep areas where food is prepared and served clean.
*Guide children to wash after toileting and before eating.
*Do not allow children to eat or drink after one another.
*Sterilize toys frequently.
*Use separate washcloths or towels for each child.
*Sick children and adults should stay away from the children who are well.
*Cover the mouth and nose when sneezing or coughing.
*Wash hands before and after changing a diaper.
*Keep diaper-changing area clean.
*Use disposable mats under an infant when changing a diaper.

LECTURE: Emphasize to the students the crucial role that sanitation practices play in preventing the spread of communicable diseases. Cover not only what the child caregiver does but what the other members of the child care center staff do in preventing the spread of illness. For example, the director ensures that all staff have the required health credentials, the housekeeping staff cleans and sanitizes toileting areas, the cooks observe sanitary procedures in the preparation of meals, and grounds or maintenance personnel keep the environment free of refuse. An important point to make is that each individual is responsible. Only one careless mistake or oversight jeopardizes the health of all.

PICTURES: Use pictures to begin a discussion of infants' and toddlers' sleep needs. [Preparation: Find several pictures of infants and toddlers sleeping or preparing for sleep. You might take some pictures yourself. Mount the pictures neatly on a poster board with the title, "Infants' and Toddlers' Need for Sleep and Rest."]As students view the pictures, discuss sleeping patterns and needs. Ask students to share observations they have made about infants' and toddlers' needs for sleep. [NOTE: Newborns sleep in two- to three-hour periods for about a total of 20 hours each day. By one year of age infants sleep about 12 hours, most of the hours at night and the rest in mid-morning and afternoon naps. The mid-morning nap is no longer needed by most toddlers, but a two and one-half hour afternoon nap will continue to be important.]

DISCUSSION: Use an inner and outer groups discussion circle. Half the class sits in the small inner circle. The other half sits in an outer circle surrounding the inner circle. The inner circle group discusses an issue for four minutes; the outer group listens. The groups then change places. The new inner group reacts to what the first group discussed for four minutes. Groups change places once more and the first group can respond to the discussion of the second group. Key Questions: To promote good health habits in infants and toddlers the caregivers should ______. When and how should good health habits be introduced to children?

TRANSPARENCY: View the transparency, p. 153, which shows an infant in distress. Explain that there are many causes of distress related to the infant's stage of health. Key Question: What is colic and how can caregivers respond? What is diaper rash? How can it be treated? What is diarrhea? How should caregivers care for an infant with diarrhea?

FELT BOARD: Using a felt board display, discuss teeth eruption with the students. [Preparation: Using the patterns on p. 154, make a felt board display illustrating teeth eruption.] Show the order in which the teeth come in and explain when the teeth emerge. Key Questions: How does teeth eruption affect the child? How can caregivers help relieve discomfort caused by teething? Does teething cause fever and diarrhea? When should children start brushing their teeth? [NOTE: See references at the beginning of the unit.]

OBJECTIVE:

Exchange information daily with parents to meet the health needs of infants and toddlers.

CHART: Discuss the daily health check for infant and toddlers. Ask students to make a wall chart showing what the caregiver needs to observe; for example: matted or crusty eyes, runny nose, fever, odor of urine in diapers, loose stools, etc. This information can be recorded on a daily health check form. Key Questions: What should caregivers do if a child appears ill when brought to the center?

HANDOUT: Give students a copy of the handout. p. 148, which is an example of a daily health report form for parents of infants and toddlers. [NOTE: This form was used earlier when discussing sharing nutrition information with parents. These forms can be used to record other types of information such as the child's activities that day.] Key Questions: How does recording this kind of information help the parents and caregivers meet the needs of each child?

OBJECTIVE:

Follow the center's policies regarding the care of sick children.

SURVEY: Ask selected students to visit or call a child care facility. They are to find out the center's policies regarding sick children. Some centers have this information printed in materials given to parents. These would be helpful if brought to the class for examination. Key Questions: How is it decided that a child is ill. When are the parents called? When is the child allowed to return to the center? In class students can compare notes. Key Questions: What policies are most common? Why?

DEMONSTRATION: Demonstrate for the class how to administer various types of medication. [NOTE: When administering liquid medication, use a large plastic syringe made for this purpose. The liquid is squirted into the child's cheek, not down the throat. Older toddlers may take liquid medicine from an Ezy-dose spoon. Ear drops can be warmed slightly in warm water before being given. The child should lie still for a few seconds after the drops are given. Squeeze a drop in a tissue to determine how fast they will come out so you can give the child the correct number of drops. Eye drops or eye salve are difficult to administer and may require two caregivers. One can hold the child while the other administers the medicine. Drops can be put into lower eyelid that is opened gently. Don't let the dropper touch the eyeball. Eye salves are administered by placing the prescribed amount on the tip of a finger (without a long nail) and deposited gently at the outer corner of the eyelids, or apply salve to the lower eyelashes. The salve will work itself into the eye.]

ROLE PLAY: Small groups or individual students can plan a role play of a meeting in which the center's health policies are explained to parents. The meeting should emphasize the importance of mutual cooperation and understanding between parents and caregivers regarding the health of each child.

Nutrition and Health Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ After about three months of age an infant's natural supply of this nutrient is used up, and the infant's diet now requires
   A. protein.
   B. iron.
   C. vitamin C.
   D. zinc.

2. ______ Some authorities suggest that an overweight infant will
   A. have an increased number of fat cells.
   B. develop a thyroid problem.
   C. slim down in the early elementary years.
   D. have a healthy self-concept.

3. ______ Solid foods are best introduced at around
   A. three weeks.
   B. two months.
   C. six months.
   D. eight months.

4. ______ New foods should be introduced by the parents one at a time so that
   A. infants learn to like each new food.
   B. infants can be observed for allergies.
   C. caregivers can plan nutritious meals.
   D. infants do not become disinterested in food.

5. ______ While taking her milk from a bottle, a child should be held until she
   A. can hold the bottle independently.
   B. is taking solid foods.
   C. is weaned.
   D. can walk well.

6. ______ The finger food *not* appropriate for an infant under twelve months of age is
   A. grated cheese.
   B. cooked tiny peas.
   C. peanuts.
   D. cooked noodles.

7. ______ When using commercial baby foods, the caregiver needs to
A. serve the portions in a separate dish.
B. warm the food while still in the jar.
C. feed the infant directly from the jar.
D. refrigerate leftover food only up to one week.

8. ______ Information about an infant's nutrition and health needs should be exchanged between parents and caregivers at least
A. twice a day.
B. once a day.
C. once a week.
D. once a month.

9. ______ Parents would probably *not* guide caregivers on
A. when to introduce solid foods.
B. how to sterilize toys and equipment.
C. how to begin toileting of toddlers.
D. when to feed an infant.

10. ______ The caregiver who is preparing the snack in a snaitary manner is
A. Joel. Before making the carrot sticks, Joel carefully washes his hands. He removes the Band-aid from the cut on his little finger. Using a clean knife, he cuts small carrot sticks, then arranges them in a serving bowl.
B. Marsha. When preparing to serve applesauce to her infants for a snack, Marsha puts each portion from the baby food jar into a smaller dish. She discovers that she is one serving short but remembers to use the half-jar left in the refrigerator the day before yesterday.
C. Alonzo. Alonzo keeps a box of crackers handy for his group of 12- to 15-month-olds. They often have a cracker in one hand while playing. Two children are upset over who owns the half-eaten cracker found in the dump truck. Alonzo decides it belongs to Eva and gives it to her.
D. Lisa. Before peeling the oranges, Lise washes her hands and the work surface. She washes the oranges and lets them air-dry. Using a clean knife she slices each orange and arranges the pieces on a serving platter. She serves the fruit right away.

11. ______ To promote positive mealtimes caregivers can
A. discourage infants from playing with their food.
B. treat spills as serious business.
C. keep toddlers at the table until everyone is finished.
D. take time to plan mealtime routines with the staff.

12. ______ When an infant turns his head away from the caregiver feeding him with a spoon, the caregiver can take this as a signal to
A. try to get the infant to take one more bite.
B. stop feeding the infant.
C. give the spoon to the infant.
D. eat some of the food to show him how good it is.

13. ______ The most important thing a caregiver can do to ensure a positive mealtime is to
A. keep the children quiet.
B. have frequent planning meetings.
C. relax and enjoy the experience.
D. invite the parents to come.

14. ______ At the lunch table Mike, a two-and-half-year old, says, "I hate potatoes. My grandpa eats them out of the dirt!" To promote learning a caregiver could respond by saying,
A. "Mike, does your grandpa grow potatoes?" They grow under the ground."
B. "Why, Mike, you like potatoes!"
C. "It isn't nice to hate things, Mike."
D. "These potatoes aren't dirty. Finish eating, please."

15. ______ The best way to teach table manners is for caregivers to
A. model good table manners.
B. plan some activities on good manners.
C. read a book about being polite.
D. gently remind the children to have good manners.

16. ______ If a caregiver disagrees with parents' guidelines for feeding their infant, the caregiver's responsibility is to
A. use his best judgement and feed the infant accordingly.
B. report the matter to the director.
C. inform the parents that they are misinformed.
D. follow the guidelines until matters can be discussed.

17. ______ Communicable diseases are spread by
A. exposure to cold, wet weather.
B. failing to keep runny noses clean.
C. coming into contact with the disease.
D. the infant caregivers.

18. ______ Infant and toddler toys that are mouthed by the children should be
A. taken away from the children.
B. sterilized several times a day.
C. used only once.
D. set in the sunlight for several hours.

19. ______ When promoting good health routines for infants and toddlers a caregiver would *not*
A. discard used tissues immediately.
B. use the same cloth to wash two children.
C. wash hands after changing a diaper.
D. encourage toddlers to cover their mouths and noses when sneezing.

20. ______ The primary teeth which are most likely to cause teething pain are the
A. first incisors.
B. second incisors.
C. canine teeth.
D. molars.

21. ______ The most effective way to treat diaper rash is to
A. leave diapers off the infant.
B. change to cloth diapers.
C. keep lotion on the area.
D. use plastic pants over the diaper.

22. ______ Infants should *not* be cared for at the center when they have
A. a runny nose.
B. a mild cough.
C. diarrhea.
D. diaper rash.

DIRECTIONS:

For Items 23-25 write a short essay.

23. Explain why it is important for caregivers and parents to communicate about the child's nutrition and health needs.

24. What kinds of information would be recorded on a daily report form for infants and toddlers?

25. List the signs of good health in infants and toddlers.

Transparency and Handout Masters

PAGE TITLE
144 Abilities and Nutritional Needs of Infants and Toddlers
145 Milk for the Infant
146 A Bottle for the Infant
147 Parents Guide the Caregiver
148 Daily Report for Infants and Toddlers
149 The Joy of Eating
150 Positive Mealtimes Board Game
151 Infant in Distress
152 The Growth of Primary Teeth

Abilities and Nutritional Needs of Infants and Toddlers

Birth-3 Months: Breast milk or formula every 3-4 hours
Vitamin supplements with vitamin C
Strong sucking reflex

3-6 Months: Introduce first solid foods, usually closer to 6 months
Cereals usually first
Fruit juices
Plain strained foods
6-8 oz. of milk 3-4 times a day
Need for foods with iron or a supplement

6-9 Months: Eats 3 meals plus snacks
Well-balanced diet based on the Daily Food Guide
Holds bottle
Shows interest in self-feeding
Chews well
Needs small portions of food

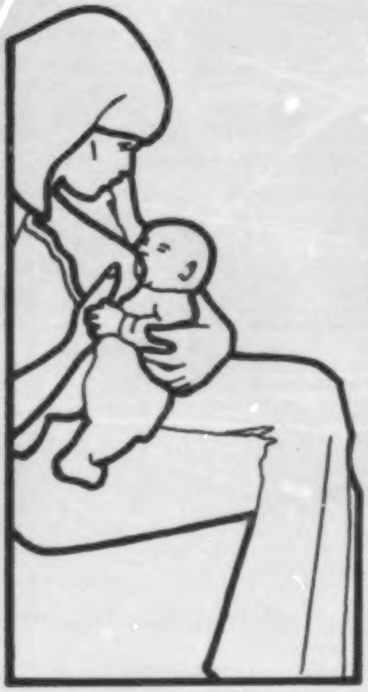
9-12 Months: Picks up foods, ready for finger foods
Mashed table foods or junior foods
8 oz. milk 3 times a day
Drinks from a cup with help

12-18 Months: Gradually weaned from bottle or breast
Begins using spoon
Wants to feed self
Uses cup well with both hands

18-24 Months: Feeds self
Uses spoon correctly
Uses cup or glass with one hand
Pours from a pitcher

24-36 Months: Eats foods as adults do
Has developed food preferences
Appetite may vary
Needs 3 well-balanced meals plus snacks
Can assist in meal preparations

Milk for the Infant

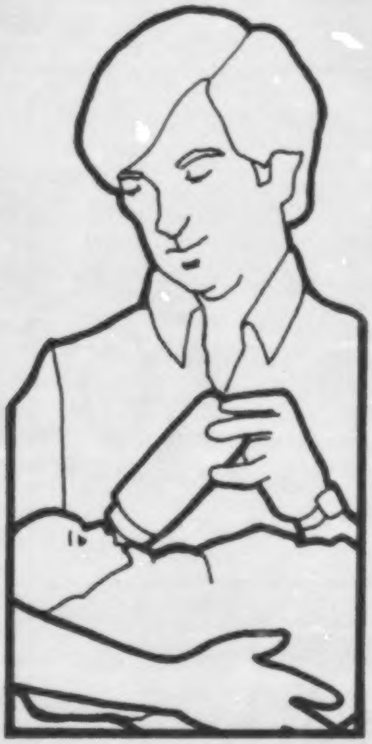


Breast Feeding

Make the mother feel welcome and comfortable.

Follow her guidelines for between-meal feedings.

Keep expressed milk refrigerated and labeled.

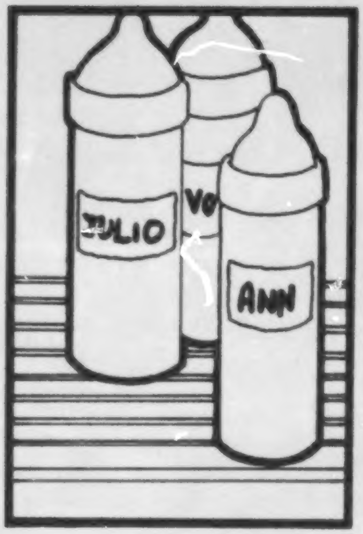


Bottle Feeding

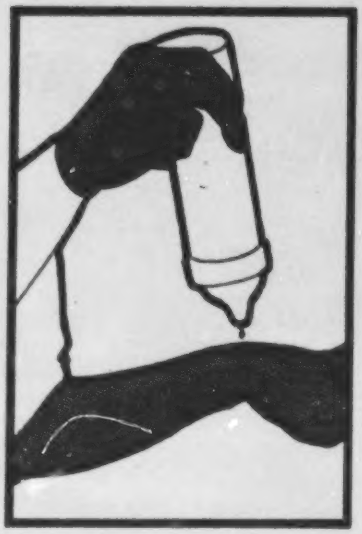
Infant should be held while taking a bottle.

Never prop a bottle for the infant to drink.

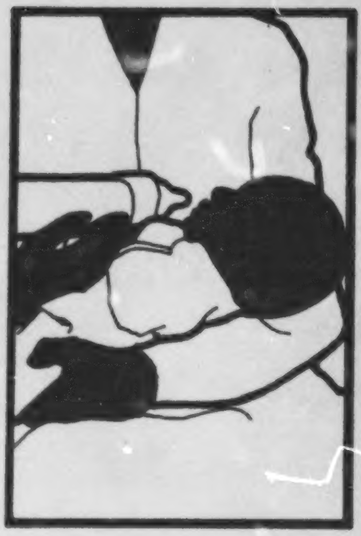
A Bottle for the Infant



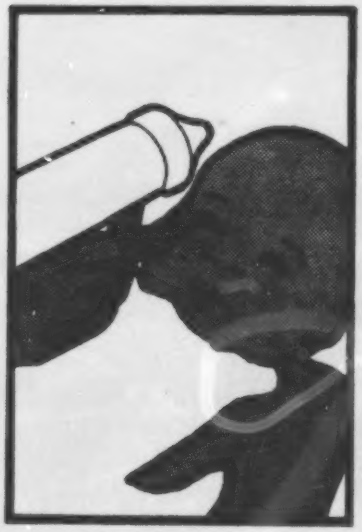
Remove bottle from refrigerator. Bottles are labeled with the infants' names.



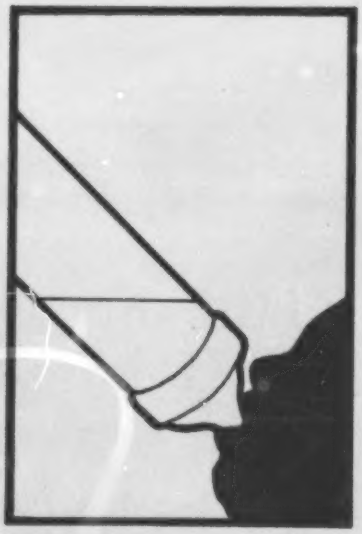
Warm bottle. Test temperature with several drops per second on inner wrist.



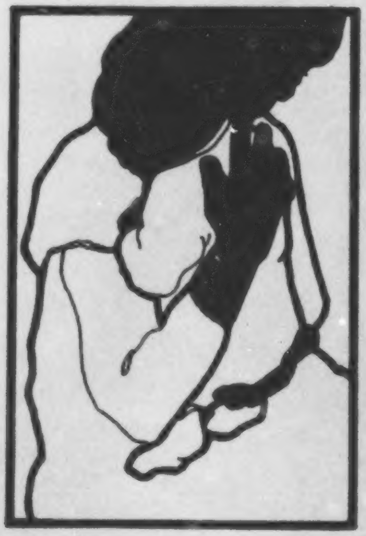
Settle the infant comfortably in your arms. Look at the infant's face. Occasionally talk to the infant in a soft voice.



Touch infant's cheek with the hand holding the bottle. Infant will turn in toward the touch and take the nipple in the mouth.



Hold the bottle so the nipple is always full. Infants will take 20-30 minutes to finish. Let the sleepy baby finish the bottle after a nap.



Burp the infant midway and after the feeding. Hold the infant upright, with the head against your shoulder. Pat gently on the back.

Parents Guide the Caregiver

When and how to feed

When to introduce solid foods

When to intoduce a new food

What types of food not to be given

When to wean

When and how to begin toileting

When and how to give medications

How to care for infants and toddlers with special needs

Daily Report for Infants and Toddlers

Child's Name ______________________ *Date* __________ *Time Arrived* ________

Recording Caregiver ____

FOOD INTAKE

[Record times, amount, and type of foods eaten.]

ELIMINATIONS

[Circle type of diaper. Note only BMs for toddlers. Note the condition of the stool.]

Time	*Type*	*Notes*
	BM Wet	
	BM Wet	
	BM Wet	
	BM Wet	
	BM Wet	
	BM Wet	

MEDICATIONS

[Note type and amount.] ____________________

[Note the time given.] ____________________

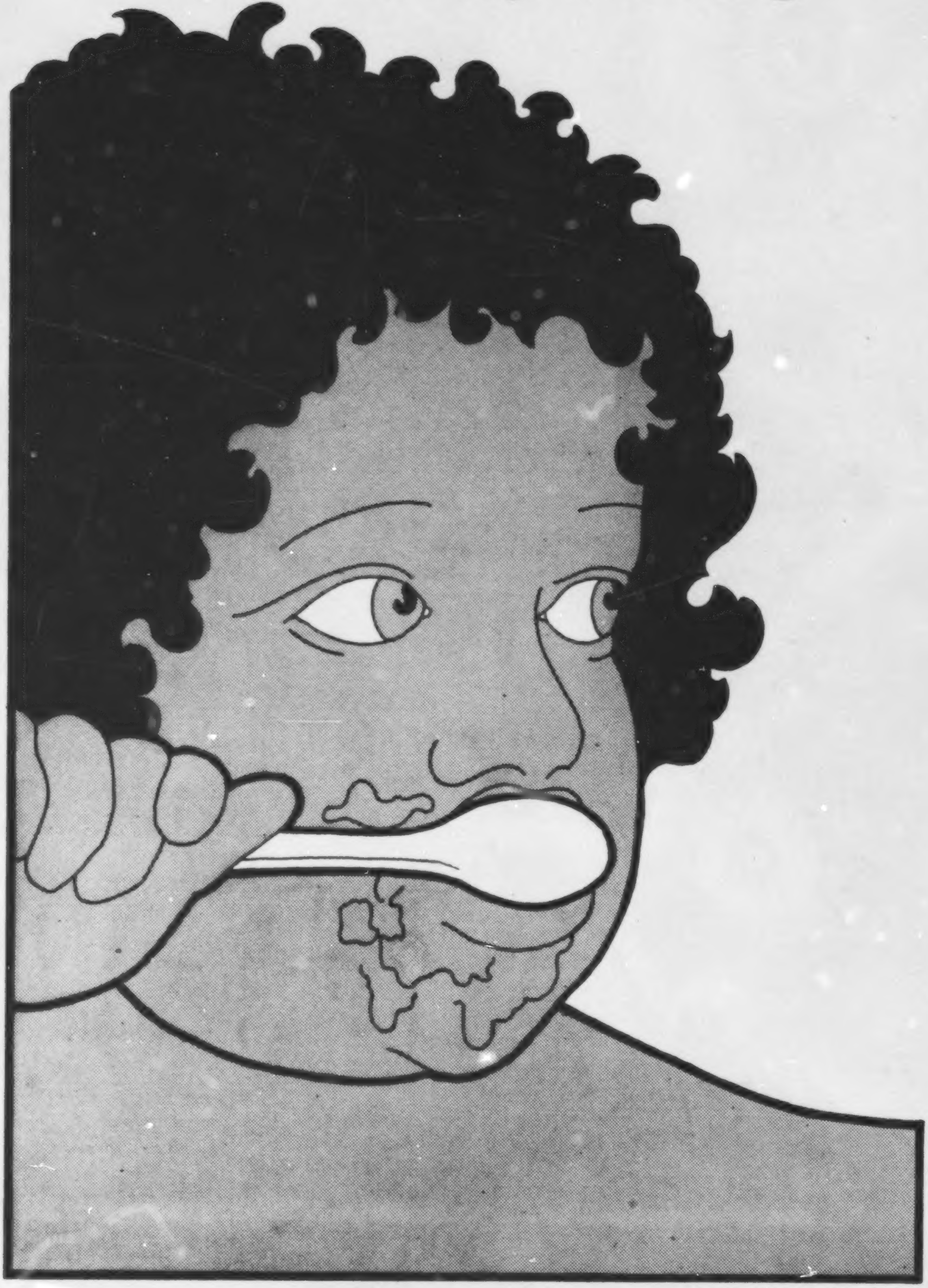
SLEEP

[Record when and how long.]

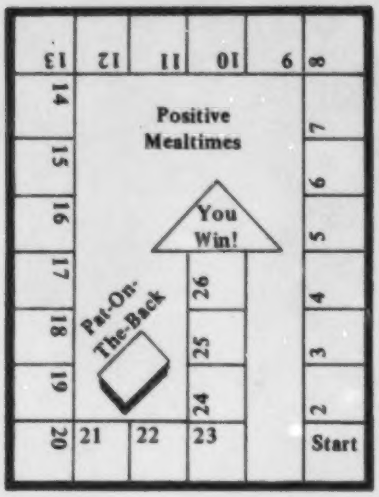
ACTIVITIES AND COMMENTS

[Note activities of the day.]

The Joy of Eating



Positive Mealtimes Board Game



DIRECTIONS:

1. Make the game board similiar to the one in the illustration. Use a 28" X 22" sheet of poster board. Each playing square is approximately 3½" X 3½". Do not copy the numbers.
2. Cut out the playing square labels on the next page and glue to the appropriate square.
3. Make the Pat-on-the-Back cards out of notecards or poster board. Cut out the labels provided and glue on the cards.
4. Make markers using the character patterns provided (p. 151).

TO PLAY THE GAME:

1. Five students can play. Let each one select a character to use as a marker.
2. Roll one die to advance the players.
3. Players read the caption on the playing square where they land. If the players have to move forward or backward, they ignore the caption on the square to which they move. They will begin from that square on the next turn.
4. Return Pat-on-the-Back cards to the bottom of the stack after they have been read.
5. The first player to reach the arrowhead is the winner.

LABELS FOR PAT-ON-THE-BACK CARDS

You will Soon receive:
The latest edition of
Everything you Wanted to Know About Vitamins But Were too Unlettered to Ask!

THIS CARD IS GOOD FOR:
A three-day vacation
to
OKLAHOMA!!!

THIS CARD IS GOOD FOR:
Six free gourmet cooking
LESSONS

THIS CARD IS GOOD FOR:
A 100-tablet bottle of
Super Pep Vitamins!

FREE TRIP
TO
The Dentist of Your
CHOICE

YOU HAVE WON!
A Lifetime Membership
to your local Health Spa

GOOD For:
One Sure Fine Orange
Juicer
PLUS
600 Oranges

You can take a
NAP
every day this week!

YOUR CHOICE:
Smile
Hug
Kisses
From the child of your
choice!

A

Fresh Fruit Basket

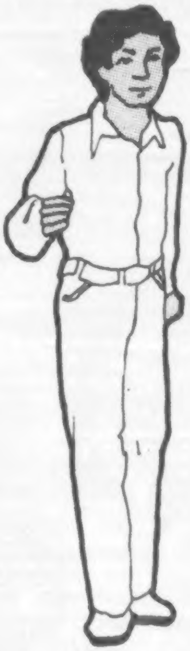
will be delivered to

YOU

You will be presented
with a
Certificate of Appreciation
from the local
health department.

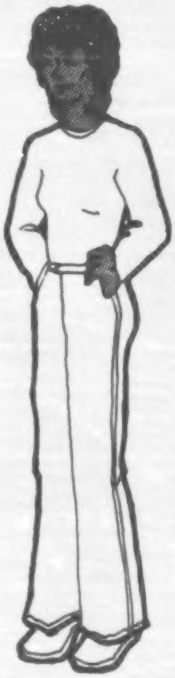
YOU WILL RECEIVE
A triple-action
Exercise bike along with the
"You Can Do It"
pep-talk recording

DIRECTIONS
Use these characters as markers for the Positive Mealtimes Game. Cut out, color, and mount on poster board.



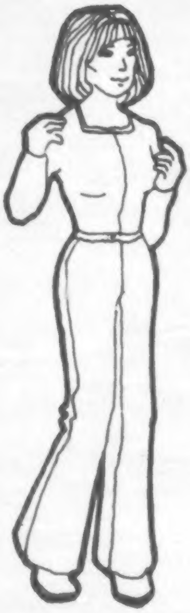
Todd Terrific

(Teaches two's and Loves it!)



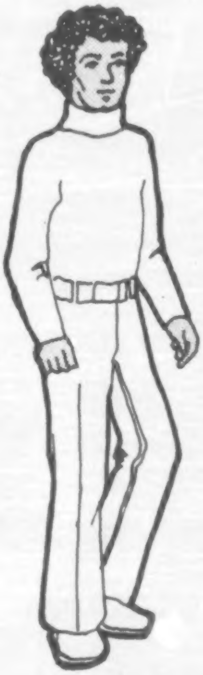
Sara Saveit

(Has never thrown away an egg carton in her life!)



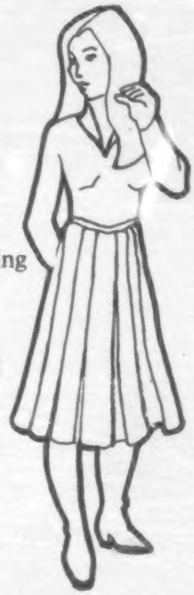
Heather Healthier

(Uses whole-wheat flour to make her playdough!)



Pete Potter

(Former training manager at a plumbing company—learning about the real business end as a toddler caregiver!)



Clara McClean

(Bacteria flee her room in terror!)

1. (Write in "START")

2. You have a positive attitude about mealtimes.

MOVE AHEAD 1 SPACE

3. Involves the children in meal preparation

TAKE ANOTHER TURN

4. Told a child that if she didn't eat all her food, she wouldn't grow up to be president

MOVE BACK 3 SPACES

5. (Leave Blank)

6. Didn't get your feelings hurt when none of the children liked your eggplant and sour cream dip for snack

TAKE A PAT-ON-THE-BACK CARD

7. Tried to rush the toddlers through lunch

LOSE A TURN

8. You ate your liver and spinach with a smile on your face.

TAKE A PAT-ON-THE-BACK CARD

9. You think it is a developmental milestone when two twelve-montholds practice pouring their milk– on the floor!

MOVE AHEAD 2 SPACES

10. Encouraged the infants to feed themselves when they showed signs of being ready

TAKE A PAT-ON-THE-BACK CARD

11. (Leave blank)

12. Tried to feed three infants at the same time and watch the rest of the group of infants as well

LOSE A TURN

13. Participated in an informal mealtime conversation about the eating habits of spiders

TAKE A PAT-ON-THE-BACK CARD

14. Told a toddler who washed the doll clothes in the pot that he couldn't have snack

MOVE BACK 3 SPACES

15. You encourage good table manners because you are a good model.

TAKE A PAT-ON-THE-BACK CARD

16. (Leave blank)

17. Scolded a child for spilling a drink

LOSE A TURN

18. Frowned at an infant playing with food

MOVE BACK 1 SPACE

19. Participated in a staff meeting to plan positive mealtime routines

MOVE AHEAD 2 SPACES

20. Lost your temper when an infant spit green peas on your new smock

LOSE A TURN

21. Panic! Only 3 M & Ms left from the three-pound bag you brought this morning. What will happen to positive reinforcement?!

MOVE BACK 3 SPACES

22. (Leave blank)

23. You stood by and watched! The toddlers ate their fruit dessert first– before the meatloaf!!

TAKE A PAT-ON-THE BACK CARD

24. You are ready to tear your hair out when an infant gives you a strawberry jello hair treatment.

LOSE A TURN

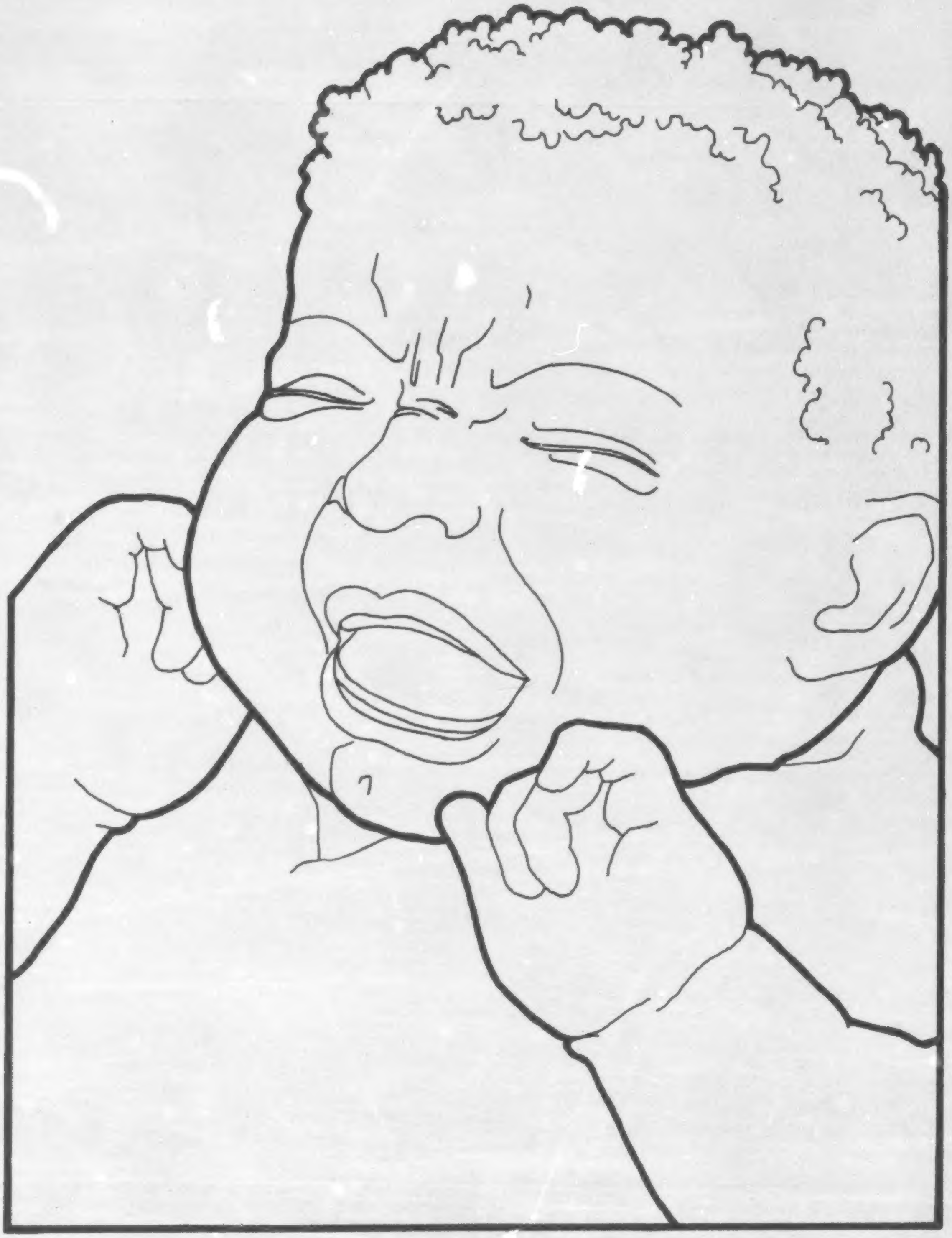
25. Stopped feeding an infant who signaled "enough"

MOVE AHEAD 2 SPACES

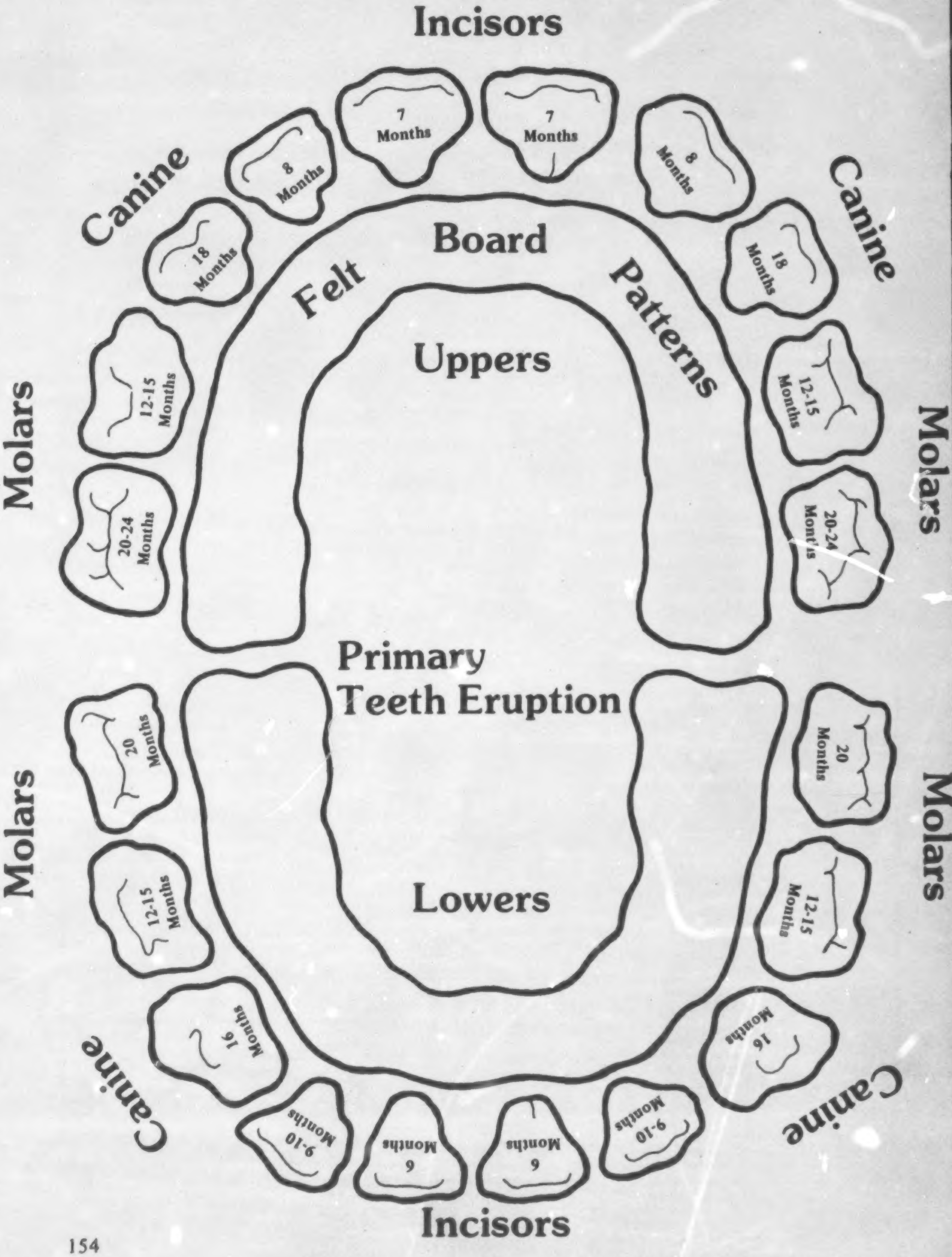
26. The toddlers who have long finished eating are playing ball with the new potatoes while wating for the slow eaters.

MOVE BACK 2 SPACES

Infant in Distress



The Growth of Primary Teeth


Incisors
7 Months
7 Months
8 Months
8 Months
Canine
18 Months
Canine
18 Months
Felt
Board
Patterns
Uppers
Molars
12-15 Months
20-24 Months
Molars
12-15 Months
20-24 Months
Primary Teeth Eruption
Molars
20 Months
12-15 Months
Molars
20 Months
12-15 Months
Lowers
Canine
16 Months
Canine
16 Months
9-10 Months
6 Months
6 Months
9-10 Months
Incisors

Glossary of Terms

accommodation
When an adjustment in thinking is made as a result of a new understanding or concept.

age-appropriate
Suited to a person's age.

aggressive behaviors
Forceful behavior to get what is wanted.

anecdotal record
A step-by-step description of one event or situation.

assertive
Strong-willed or insistent.

assimilation
When a person develops a new understanding from seeing, handling, or otherwise experiencing something.

attachment
A bond which develops between two people. When a child develops an attachment to a caregiver, she depends on the caregiver to meet her needs. She prefers that caregiver.

autonomy
Being able to act independently.

babbling
Consonant and vowel sounds combined, including repetitive sounds such as "lala" or "dada"

Babinski reflex
A reflex evident in an infant when the sole of the foot is stroked and the toes fan out while the foot twists in.

behavior check list
A list of skills and behaviors which children usually have achieved by a certain age.

body proportion
The relation of different parts of the body to the whole body.

cephalocaudal law
A principle of human development in which development proceeds from the head to the feet.

cognitive development
Mental growth.

consistency
Acting in the same way repeatedly.

contagious diseases
Illness which can be caught by direct or indirect contact with a sick person.

cooing
The first non-crying sounds an infant makes, including vowel-like sounds such as "ooooo" or "ah."

developmental level

The current stage or degree of development, including growth in the social/emotional, physical, cognitive, and language areas of development.

egocentric

Interested in things concerning the self. Young children are egocentric because their thinking centers around the way they see the world in relation to themselves.

environment

The physical and emotional conditions surrounding a person.

eye-hand coordination

The ability to use the hands and eyes together to accomplish something, such as grasping an object or stringing beads.

facilitator of learning

A person who supports and encourages learning through indirect means.

feral children

Children who are said to have lived isolated from humans for a part of their early years.

fine motor development

Growth in the ability to use the small muscles.

grasping reflex

A reflex seen in an infant when something is placed in the hand and the child makes a tight grasp. The grasp becomes tighter when the object is pulled away.

gross motor development

Growth in the ability to use the large muscles.

guidance techniques

Ways to encourage children's positive behavior as well as ways to avoid or respond to negative behavior. Guidance techniques include modeling, redirection, removal from the group or activity, and positive statement of requests.

hierarchical sequence

The order of development. Certain behaviors or types of growth are built upon simpler behaviors acquired earlier.

initiating

Leading into an exchange or interaction.

interaction

An exchange of words, actions, or ideas between at least two people.

locomotor development

The part of physical development enabling a person to move. Creeping, scooting, crawling, walking, and running are forms of locomotor development.

manipulative

A toy or game requiring the use of small muscles. Puzzles and nesting toys are manipulatives.

maturation

Growth and development toward maturity.

modeling

A guidance technique in which the adult acts in the way he or she wants the child to act.

Moro reflex

A reflex seen in a startled infant in which she extends legs, arms, and fingers, arches her back, and draws back her head.

nonsexist

Equal treatment of females and males in books, toys, activities, and attitudes.

nurture
To provide what is needed with a loving, caring attitude.

object permanence
The concept that things exist even when they cannot be seen.

palmar reflex
See grasping reflex.

parent
An adult who is the child's natural mother or father, or legal guardian.

positive language
A guidance technique in which preferred behavior is stated in a positive, firm way. For example, "Use your spoon for eating," is more positive than "Don't hit the table with your spoon."

preoperational period
A period of development identified by Jean Piaget from about two to six years of age, where the child has developed the ability to use language and other symbols in learning.

prosocial behaviors
Actions for the benefit of others.

proximodistal law
A principle of body development in which development begins in the center of the body and goes outward to the hands and feet.

reciprocal interaction
When two people are mutually aware of and respond to one another's behavior or emotions.

redirect
To offer a more acceptable behavior when a child is behaving or about to behave in a negative way.

reflexes
An inborn set of behaviors which occur automatically. Some examples are the rooting, swallowing, Moro, palmar grasp, and stepping reflexes.

responsive
Description of a person who takes appropriate action to meet another's needs based on an awareness of or sensitivity to needs.

rooting reflex
A response seen in an infant when his cheek is stroked with a finger or nipple, his head turns toward the stimulus, and his mouth opens.

running record
A type of recording which covers a continuous period of time.

schema
Mental image or construct.

sensorimotor period
A period of development identified by Jean Piaget from birth to about 24 months where the child learns by using senses and physical abilities.

sensory stimulation
Involving the senses in learning, including listening, speaking, looking, touching, and tasting.

sensory systems
The body systems which gather information through the senses. These include hearing, seeing, smelling, tasting, and touching.

separation anxiety
A fear of being left or separated, usually from parents.

startle reflex
See Moro reflex.

stepping reflex
A reflex seen in an infant in which she appears to walk in a coordinated way if held upright with feet touching a flat surface.

stranger anxiety
A fear of a person who is not familiar.

sucking reflex
When an infant sucks using his tongue and mouth in response to an object being placed in his mouth.

telegraphic speech
Speech using only the words needed to give a message, usually only object and action words, such as "Me go."

theory
An explanation of why something happens.

tonic neck reflex
A reflex seen when an infant's head is turned to one side, and he turns his whole body to one side and extends arms and legs on that side while flexing opposite limbs.

transition
A planned event between activities. Examples include a song, a finger play, or a game which moves a group of children from one activity to another.

walking reflex
See stepping reflex.

Glossary of Terms Test

DIRECTIONS

For Items 1-20, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ An illness which can be caught by contact with a sick person is considered
A. contaminated.
B. contagious.
C. cephalocaudal.
D. chronic.

2. _____ To make an accommodation means to
A. facilitate learning.
B. make a forceful request.
C. make an adjustment.
D. learn something new.

3. _____ An example of a manipulative toy is
A. a puzzle.
B. a tricycle.
C. a swing.
D. a large ball.

4. _____ Manipulatives provide practice for
A. gross motor development.
B. fine motor development.
C. large muscle development.
D. language development.

5. _____ According to the proximodistal law
A. locomotor development enables a person to run.
B. all children mature at different rates.
C. development proceeds from head to feet.
D. development proceeds from the body's midline, outward.

6. _____ Consistency in behavior means
A. acting the same way repeatedly.
B. speaking in a positive way.
C. expressing yourself firmly.
D. planning positive surroundings.

7. _____ When a child develops an attachment to a caregiver, he
A. prefers the caregiver.
B. is too dependent on the caregiver.
C. becomes more demanding than other children.
D. avoids the caregiver.

8. _____ When a child has developed object permanence, she
A. is aware that she can do things independently.
B. knows things still exist even when she cannot see them.
C. is able to initiate more interactions with the caregiver.
D. cries less.

9. _____ When an infant and a caregiver are mutually aware of, and respond to each other, their interaction is
A. empathetic.
B. reciprocal.
C. egocentric.
D. cognitive.

10. _____ A child's developmental level is
A. his rate of growth in all areas of development.
B. the relation of different parts of his body to his whole body.
C. his ability to understand new ideas and concepts.
D. his current degree of development.

11. _____ Cognitive development is
A. mental development.
B. physical growth.
C. brain growth.
D. gross motor development.

12. _____ Egocentric behavior is when a child acts in a
A. helpful way.
B. destructive way.
C. self-destructive way.
D. self-centered way.

13. _____ Eye-hand coordination is helpful in
A. counting.
B. walking.
C. developing an attachment.
D. stringing beads.

14. _____ Autonomy is developed when a child has learned
A. automatic behaviors.
B. reflex behaviors.
C. fears of unfamiliar people.
D. independent behavior.

15. _____ Reflexes are
A. automatic behaviors.
B. autonomous behaviors.
C. fears of unfamiliar people.
D. age-appropriate behaviors.

16. _____ "Ah" and "oo" are examples of
A. babbling.
B. cooing.
C. telegraphic speech.
D. egocentric speech.

17. _____ The period of development from birth to about 24 months is known as the
A. transition period.
B. sensorimotor period.
C. assimilation period.
D. preoperational period.

18. ______ Gross motor development involves
A. small muscles.
B. large muscles.
C. muscles below the waist.
D. muscles above the waist.

19. ______ To suggest a more acceptable behavior when a child is behaving, or about to behave, in a negative way is
A. redirection.
B. modeling.
C. initiating.
D. nurturance.

20. ______ A planned event between activities is a
A. schema.
B. guidance technique.
C. transition.
D. modeling process.

Test Answer Keys

UNIT I	UNIT II	UNIT III	UNIT IV
1. B.	1. C	1. A	1. B
2. C	2. A	2. D	2. C
3. C	3. D	3. B	3. D
4. A	4. A	4. A	4. D
5. D	5. C	5. D	5. A
6. B	6. C	6. A	6. C
7. A	7. B	7. C	7. B
8. C	8. A	8. B	8. D
9. D	9. D	9. A	9. A
10. D	10. A	10. D	10. C
11. B	11. B	11. C	11. B
12. B	12. B	12. B	12. D
13. A	13. D	13. A	13. B
14. C	14. B	14. C	14. C
15. D	15. D	15. D	15. A
16. A	16. D	16. C	16. C
17. B	17. C	17. B	17. D
18. A	18. A	18. A	18. B
19. D	19. C	19. B	19. B
20. C	20. B	20. D	20. C
21. B	21. B	21. D	21. A
22. A	22. D	22. C	22. A

UNIT V	UNIT VI	GLOSSARY TEST
1. D	1. B	1. B
2. C	2. A	2. C
3. A	3. C	3. A
4. C	4. B	4. B
5. B	5. C	5. D
6. B	6. C	6. A
7. C	7. A	7. A
8. C	8. A	8. B
9. C	9. B	9. B
10. A	10. D	10. D
11. B	11. D	11. A
12. D	12. B	12. D
13. C	13. C	13. D
14. C	14. A	14. D
15. B	15. A	15. A
16. B	16. D	16. B
17. A	17. C	17. B
18. C	18. B	18. B
19. C	19. B	19. A
20. A	20. D	20. C
21. D	21. A	
22. C	22. C	

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Infant Care. New York: Educational Audio Visuals. ($72.00 purchase)

Infant Care and Development: Set 2. New York: Educational Audio Visuals. ($72.00 purchase)

The Intention to Take: The Infancy of Object Capture. Champaign, IL: University of Illinois Film Center, 1972. ($7.50 rental)

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Ordinal Scales of Infant Development, No. 2 – Development of Means. Champaign, IL: University of Illinois Film Center, 1966. ($10.30 rental)

Ordinal Scales of Infant Development, No. 3 – Imitation. Champaign, IL: University of Illinos Film Center, 1966. ($11.50 rental)

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Publishers List

A & W Publishers
95 Madison Avenue
New York, NY 10016

Allyn & Bacon
470 Atlantic Avenue
Boston, MA 02210

Anchor Books
501 Franklin Avenue
Garden City, NY 11530

Association for Childhood
Education Intl.
3615 Wisconsin Ave., N.W.
Washington, DC 20016

Bantam Books
666 Fifth Avenue
New York, NY 10091

Beacon Press
25 Beacon Street
Boston, MA 02108

Charles A. Bennett
809 W. Detweiller Drive
Peoria, IL 61615

Brooks/Cole
555 Abrego Street
Monterey, CA 93940

Center for Science in the
Public Interest
1744 S Street, N. W.
Washington, DC 20009

Child Care Information
Exchange
70 Oakley Road
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Imprint of Macmillan

Cornell University
P.O. Box 250
Ithaca, NY 14850

Crown Publishers
One Park Avenue
New York, NY 10016

Debcon, Inc.
4503 N. Northwoods Lane
Bloomington, IN 47041

Delacorte
245 E. 47th Street
New York, NY 10017

Delmar Publishers
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Albany, NY 12205

Dolphin Books
501 Franklin Avenue
Garden City, NY 11530

Duke University Press
College Station
Durham, NC 27708

Follett
1010 W. Washington Blvd.
Chicago, IL 60607

Grosset & Dunlap
51 Madison Avenue
New York, NY 10010

Harcort Brace Jovanovich
757 Third Avenue
New York, NY 10017

Harper & Row
10 East 53rd Street
New York, NY 10022

Health & Human Services
Office of Child Development
Washington, DC 20201

Houghton Mifflin
2 Park Place
Boston, MA 02107

Alfred A. Knopf
201 E. 50th Street
New York, NY 10022

Little, Brown & Co.
34 Beacon Street
Boston, MA 02106

McGraw-Hill
1221 Avenue of the Americas
New York, NY 10020

Macmillan
866 Third Avenue
New York, NY 10022

Mafex
90 Cherry Street
Johnstown, PA 15902

Mayfield
285 Hamilton Avenue
Palo Alto, CA 94301

Charles E. Merrill
P.O. Box 508
Columbus, OH 43216

C. V. Mosby
11830 Westline Industrial Dr.
St. Louis, MO 63141

National Association for the
Education of Young Children
1834 Connecticut Ave, N.W.
Washington, DC 20009

New American Library
1633 Broadway
New York, NY 10019

Open Family Press
100 Walnut Place
Syracuse, NY 13210

Pantheon
201 E. 50th Street
New York, NY 10022

Pitman Learning
6 Davis Drive
Belmont, CA 94002

Prentice-Hall
Englewood Cliffs, NJ 07632

Quick Fox
33 W. 60th Street
New York, NY 10023

Audiovisuals List

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R & E Research Associates
936 Industrial Avenue
Palo Alto, CA 94303

St. Martin's Press
175 Fifth Avenue
New York, NY 10010

Scott, Foresman & Co.
1900 E. Lake Avenue
Glenview, IL 60025

Stanford University Press
Stanford, CA 94305

Summit Books
1230 Avenue of the Americas
New York, NY 10020

Texas Department of Human
Resources
Child Development Program
P.O. Box 2960
Austin, Texas 78769

University Park Press
300 N. Charles Street
Baltimore, MD 21201

D. Van Nostrand
135 W. 50th Street
New York, NY 10020

Wadsworth
10 Davis Drive
Belmont, CA 94002

Walker & Co.
720 Fifth Avenue
New York, NY 10019

John Wiley & Sons
605 Third Avenue
New York, NY 10158

B. L. Winch
45 Hitching Post Drive
Building 2
Rolling Hills Estates, CA 90274

Concept Media
P.O. Box 19542
Irvine, CA 92714

Davidson Films
850 O'Neill Avenue
Belmont, CA 94002

Educational Audio Visuals
Pleasantville, NY 10570

Early Childhood Associates
Texas Tech Book Store
Lubbock, Texas 79409

Great Plains National Instructional
Technical Library
P.O. Box 80669
Lincoln, NE 68501

Maclean Hunter Learning Resources
P.O. Box 4381
Grand Central Station
New York, NY 10017

Polymorph Films
118 South Street
Boston, MA 02111

Texas Department of Human Resources
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P.O. Box 2960
Austin, Texas 78769

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1325 South Oak Street
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